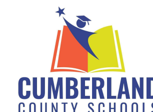

School Behavioral Health Parent/Guardian Consent for Mental Health Assessment and Services

School Behavioral Health is an insurance based program. However, students will not be denied access to services because of their inability to pay. The mental health provider will work with your school's Student Services Team to ensure – with your approval – an appropriate plan for your child.

NAME OF STUDENT: ______________________________

SCHOOL: ______________________________ **GRADE**: __________

PARENT/GUARDIAN NAME: ______________________________

PARENT/GUARDIAN EMAIL: ______________________________ **PHONE#:** __________

NAME OF INSURANCE PROVIDER IF APPLICABLE : ______________________________

I, Parent/Guardian of ___________________________________ (student) understand that an agency representative will contact me to discuss the referral process that may include upon my agreement, a date and time for an intake appointment, consisting of a comprehensive clinical assessment/screening.

I, Parent/Guardian: _________________________________ therefore grant permission for the assigned School-based Mental Health agency to utilize the attached information and Cumberland County Schools Consent to Release Information as part of the referral process to determine appropriateness of mental health services for my child.

Parent/Guardian Print Name: ____

Parent/Guardian Signature: ____________________________ **Date:**___________