

PERMISSION FOR CONSULTATION

I/We _____ the parent/legal guardian of _____ give permission for my/our child to be seen and to be interviewed by a mental health professional at/by _____, in order to provide information to school staff which could help to improve his/her home/school behavior and performance.

School Personnel

Parent/Guardian

If you have any questions, please contact: _____.

NOTIFICATION OF EMERGENCY CONFERENCE

I/We _____ the parents/legal guardian of _____ were involved in a conference (telephone or personal) with the school personnel on _____ (date/school). I/We have been advised that our child appears to be in a state of psychological emergency, specifically _____. I/We have been further advised that I/we should seek some psychological/psychiatric consultation immediately. I/We have been given a list of such referrals to agencies and private practitioners. It is my/our understanding that the school district is not responsible for providing these services, but is alerting me/us to this emergency just as they would inform me/us of any health problem. I/We understand that this emergency is a: "Priority 1" Imminent Danger / "Priority 2" Potential for Imminent Danger and needs our immediate attention.

Parent/Legal Guardian

Parent/Legal Guardian per Phone Contact

School Personnel

Date

_____ Check, if a NO SUICIDE CONTRACT was signed.

REQUEST OF INFORMATION

Requested information from: _____

Send information to: _____

The child mentioned below is currently enrolled in the Spring Branch Independent School District. Many times it is necessary for me/us to contact doctors, clinics, schools, or other persons for information. Therefore the school district is requesting any **school records, social, psychological and/or medical information** concerning this child.

CONSENT FOR RELEASE OF INFORMATION

I/We _____ the parents/guardian of _____, have been fully informed and do give my/our consent for release of my child's records. I/We do understand the school's request for any information to/from the Spring Branch Independent School District concerning my/our child. I/We understand that the consent is voluntary and may be revoked in writing at any time.

Child's Name

Date of Birth

Home School

Date of Request

Current Address

Phone: home work

Signature of Parent/Guardian

Signature of School Personnel