

# School-Based Mental Health Services Consent Form

## Student Information

Student Name

Grade

Date of Birth

## Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Contact Number

## Consent

I hereby give my consent for my child to participate in school-based mental health services provided by the school or its designated professionals. I understand that all information shared will be kept confidential to the extent allowed by law.

## Additional Notes or Instructions

Parent/Guardian Signature

Date

