

Hope and Meaning

C O U N S E L I N G

Consent to Contact Schools

I, _____ consent to communication between Hope & Meaning Counseling and the below listed school:

School Name: _____

School Address: _____

School Phone: _____

Communications will be for the following purposes (please check as appropriate):

Coordination of behavioral health services

504/IEP participation

School nurse/health records

Excusal from school for behavioral health appointments

Communications may take place through phone, email and/or mail services. I can revoke this consent at any time either in writing or verbally.

Client - Print Name

Parent - Signature

Date

IF OVER AGE 14 Client - Signature

Date