

Mr. Randy Wilkes
Superintendent
PO Box 2799
Orange Beach, AL 36561



Board Members
Mr. Robert Stuart, President
Mr. Nelson Bauer, Vice President
Mr. Randy McKinney
Mrs. Shannon Robinson
Mrs. Tracie Stark

OPT-IN FOR MENTAL HEALTH SERVICES

As of the date of my signature below, my child, _____, is under the age of 14 years old:

Yes No

If No, stop here.

If Yes, continue below.

I hereby give my permission for my child to participate in the following mental health Services:

Check the box for each mental health service you want to be available to your child.

Large group guidance - includes a school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.

Small group guidance - includes a small group of students with a school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.

Mentoring - Peer Helpers, Big Brothers/Big Sisters, and Social Work Interns work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.

Assessments/Surveys - includes questionnaires provided to students related to social behaviors, feelings, etc.

Crisis intervention - short-term, immediate assistance by a school counselor or professional for a specific situation.

School-Based Mental Health - On-going counseling services by school professionals or private practitioners in the school setting.

A parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

You may rescind permission for a student to participate in mental health services at any time by providing written notice to the school administration.

I, the legal parent/legal guardian of the above referenced student, hereby further authorize AltaPointe Mental Health Systems to communicate with, receive records from and release any and all pertinent information with the Orange Beach City School System.

Date: _____

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signature)