

R.E.A.C.H.
Located at FASD Elementary School
100 Dartmouth Ave.
Phone: 814-535-6724 ext 4108

CONSENT TO RELEASE INFORMATION
Active for the 2022-2023 School Year

Child's Name: _____

Date of Birth: _____

Grade/Homeroom Teacher: _____

I hereby authorize the Ferndale Area School District to release and receive confidential information on the above-named child under the following terms:

Parent/Guardian initial to indicate consent:

- _____ location of student in the FASD Building
- _____ release information from FASD to R.E.A.C.H.
- _____ release information from R.E.A.C.H. to FASD

Information will be shared for the sole purpose of coordination of care efforts between FASD and R.E.A.C.H.

Shared information may include, but is not limited to the following:

Location of student in FASD building, educational information, verbal communication about mental health services, school-based concerns, written summary of progress.

*I understand that I may refuse to sign or revoke this authorization at any time without it affecting my child's ability to obtain services.

*Release must be given for location of child to be shared between FASD and R.E.A.C.H. for services to be provided.

Signature of Parent or Legal Guardian

Date

