

Davis School District

Wraparound Care

Permission for Services

I give permission for Wraparound Services within the Student and Family Resources Department, to conduct individual or group counseling, including, but not limited to, those areas listed in Utah Code Ann. §53E-9-203 Student Privacy. The Educational Family Resource Facilitator and or/Integrative Educational Therapist may also be involved in helping to connect families with resources and communicate with local teams. Signing this form indicates you have been offered a copy of the activities prohibited without prior written consent (UCA §53E-9-203), that you waive the two-week waiting period, and give permission for the staff and behavioral health consultants to conduct individual or group counseling sessions.

By signing, you understand support services will be provided to assist in educational performance and any psychological conditions. *Parental consent not needed if the situation is an emergency.

Under the Utah Code Ann. 53E-9-202 and 53E-9-203, school district personnel are required to have your consent as parent or legal guardian if information is sought from your child concerning the following issues:

a. political affiliations or political philosophies (except as provided under Utah Code 53G-10-202 or rules of the State

Board of Education, political philosophies.

b. mental or psychological problems.

c. sexual behavior, orientation, or attitudes.

d. illegal, anti-social, self-incriminating, or demeaning behavior.

e. critical appraisals of individuals with whom the student or the family member has close family relationships.

f. religious affiliations or beliefs.

g. legally recognized privileges and analogous relationships, such as those with lawyers, medical personnel, or ministers; and

h. income, except required by law.

Student Name: _____ Date of Birth _____

Parent/Guardian Signature

Student Signature (If 18 Y/O +)

Today's Date

Comments: