



# Mathis Independent School District

602 East San Patricio Ave. Mathis, Texas 78368

PH: (361) 547-3378 FAX: (361) 547-9474

## Mental Wellness Consent Form

Date: \_\_\_\_\_

To the parent/guardian of: \_\_\_\_\_

Your student, \_\_\_\_\_, has been referred to the Student Wellness Program by: \_\_\_\_\_. Please sign this informed consent so that your student can begin receiving counseling services if you choose.

\_\_\_\_ Yes, I would like my child to receiving counseling with MISD Wellness Therapist

\_\_\_\_ No, not needed at this time.

### Confidentiality Statement:

As a student, all information you share about yourself will be kept confidential. Only with your written permission will information be released to anyone outside of school except as required by Law:

- Services to minors
- Clear and imminent danger to you or someone else
- Reasonable expectation that you will engage in dangerous conduct
- Reasonable suspicion that a child, elder, or disabled adult is currently being abused or neglected
- A court order

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date