R.E.A.C.H.
Reaching Educational Achievements with Clinical Mental Health
Located at Ferndale Area Junior/Senior High School
600 Harlan Ave.
Johnstown, PA 15905

CONSENT TO RELEASE INFORMATION
Active for the 2025-2026 School Year

Child's Name:		
DOB:	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 the student in FASD building, educational information, IEP participation, verbal communication about mental health services, school-based concerns, verbal summary of progress. R.E.A.C.H. will not share any treatment specific information with the school district or personnel without additional written consent to release information. We encourage the parent/guardian or student to share treatment specific information as needed.

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 the location of the child to be shared between FASD and R.E.A.C.H. for services to be provided.

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Signature of Student Date

Limits of Confidentiality

1. If an individual discloses Suicidal Thoughts with suicidal plans, Intent, means
2. If an individual reports Child Abuse or Child Neglect
3. Report of immediate Self-Harm Behaviors or plans to harm self
4. Specific Plans of violence toward others: Verbalized or Expressed Intent to harm others
5. Current Drug or Alcohol Use if client displays visible impairment or discloses use in the school setting
6. Upon receipt of a legitimate subpoena or court order

Initial below to indicate your understanding of the Limits of Confidentiality:

_____ I understand that if any of the concerns listed above are shared this will limit confidentiality.