

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 16 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.

____ 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, including, but not limited to, guidance counseling, and any programming offered by an employee or independent contractor of a local board of education relating to mental health, suicide counseling, or bullying counseling.

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 the appointed mental health coordinator to communicate with, receive records from, and release any and all pertinent information to the Orange Beach City School System.

Date: _____

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signature)