ST. TAMMANY PARISH SCHOOL BOARD
Parental Request/Consent/Authorization for
Community Behavioral Health Agencies and Service Providers

I, _____, parent/legal guardian of _____, a

student at _____, hereby authorize _____

(behavioral health provider) to provide behavioral health services to my child during regular school hours. I have reviewed and understand the requirements for obtaining behavioral health services for my child while at school during the school day according to the St. Tammany Parish Public School Board Behavioral Health Services School Board Policy and the Memorandum of Understanding for Behavioral Health Services.

I understand and agree that all behavioral health providers must obtain prior authorization from the St. Tammany Parish Public School Board in order to provide services to my child at school.

I authorize _____ (name of agency) to release confidential information necessary for the provision of behavioral health services to my child during the school day to St. Tammany Parish School Board. I also hereby authorize the school to release to the behavioral health provider information and education records reasonably related to the provision of these services.

I understand that I have a right to revoke this authorization in writing at any time. Unless otherwise revoked, this authorization and consent shall expire one year from the date on which it is signed.

_____ _____

Printed Name of Parent/Guardian **Signature of Parent/Guardian**

_____

Date