The School District of Escambia County
J. E. HALL EDUCATIONAL SERVICES CENTER
30 East Texar Drive
Pensacola, FL. 32503, PH. 850/432-6121
www.escambiaschools.org/
Keith Leonard, SUPERINTENDENT

PARENT CONSENT FORM
(TO ASSESS FOR INDIVIDUAL OR GROUP COUNSELING)

Student Information: **(To be completed by School Personnel)**				
School Counselor:	School Counselor Email:			
Student Name:	DOB:	Student ID#:		
Student's School:	Grade:	Gender:	Race:	
Student's Street Address:	City:		State:	Zip:
Referral Reason:				
Parent Information: (To be completed by Parent/Guardian)				
Parent/Guardian Name:				
Relationship to Student (Parent, Guardian, Other-Please Explain):				
Parent/Guardian Phone:	Student Lives With:			

I authorize_____(School Name) to exchange information with:

☑ Escambia County School District, Mental Health Services

☐ PACE Center for Girls, Inc.

☐ Children's Home Society (PFHS, Bellview Middle and Weis)

☐ Healthy Minds (Bratt, EWMS, Northview)

Florida State Law requires that staff of Escambia County Schools Student Services will notify a student's parent or guardian if there is a change in the student's services or monitoring related to the student's mental, emotional, or physical health or well-being and the school's ability to provide a safe and supportive learning environment for the student. I further authorize the counselor to review school records, to consult with school staff, and to meet with my student to coordinate and deliver services.

_____ _____

Signature of Parent/ Guardian Date

_____

Printed Name of Parent/Guardian