



Kern County Consortium SELPA

**PARENTAL CONSENT FOR  
MENTAL HEALTH REFERRAL AND EVALUATION**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student Social Security \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Male  Female County of Birth \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Primary Language Child \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**As the parent/legal guardian of the above named student, I hereby:**

1. Give my consent to forward educational and psychological information on the above named student to the Kern County Superintendent of Schools (KCSOS).
2. Give my consent to KCSOS to complete a mental health assessment of the purpose of providing mental health treatment recommendations and services. This may include observations of the student in the educational settings.
3. Understand that the results of the assessment will be kept confidential and that KCSOS must have written permission from parent/legal guardian to release any information.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Relationship to Student (aunt, foster, parent, etc.)

\_\_\_\_\_  
Phone Number

**Please provide copy of this completed form to parent at signing and submit original with packet to the Kern County Consortium SELPA.**