



**Parent/Guardian Consent to Assess  
School-Based Behavioral Health Program**

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Drug Abuse Treatment Association, Inc. (DATA) is the premier provider of children's behavioral health prevention and treatment services in Southeast Florida. DATA has been providing these critical services to eligible individuals in the area school districts for over 20 years. If you would like any additional information about DATA's school-based behavioral health services, please contact the Program Supervisor at 561.844.3556.

**Student's Name:** \_\_\_\_\_ **Parent/Legal Guardian Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ **Student's School Name:** \_\_\_\_\_

Should my child be referred by school personnel or seek services on their own throughout the course of the academic year, I authorize DATA to provide the following services:

- Assessment services to determine proper placement.
- Assistance in obtaining necessary aid from any community resource.
- Behavioral health (mental health & substance use) services which may include individual, family, and/or group counseling.
- I give DATA permission to provide individual/family/group sessions at the school identified above.

My child's Behavioral Health Counselor's contact information is as follows:

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

By signing below, I confirm that I am this child's parent/legal guardian. I give permission for the DATA to provide behavioral health assessment, intervention, and/or treatment services to my child at his/her school. Additionally, by signing below I acknowledge that I was afforded the opportunity to have all questions answered prior to my child's participation in the program. Should I have any additional questions, I will contact my child's Behavioral Health Counselor, the Program Supervisor, or the school's principal.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature/Credentials

\_\_\_\_\_  
Date