

DATA is the premier provider of behavioral health prevention and treatment services for youth and families in Southeast Florida. For over 20 years we have partnered with the School District of Palm Beach County to serve the behavioral health needs of the students and families. This program (*Co-Located*) is funded through the District. For additional information, please contact Ms. Linda Seraphin, LMHC, Director of School-Based Behavioral Health at 561.844.3556.

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

**Student's Date of Birth:** \_\_\_\_\_ **Parent/Legal Guardian Phone Number:** \_\_\_\_\_

**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 and/or substance use) services which may include individual, family, and/or group counseling.

I also give permission for my child's therapist to contact me for updates and obtain additional information relevant to the therapeutic process. I give DATA permission to provide individual/family/group sessions to my child 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 as defined by the State of Florida. 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

