



**Parental Consent for Therapy by  
Non-Frederick County Public  
School Employees**

Mental Health Services

Clear Form

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

Form #069-F01E  
May 2023

I, (parent/guardian) \_\_\_\_\_, hereby grant permission for my child, (name) \_\_\_\_\_ to be excused from class in order to meet with his/her/their therapist, in person in the school building. It is my understanding that my child will be meeting with:

**Print** Therapist Name and Agency

\_\_\_\_\_  
\_\_\_\_\_

I understand that my child is responsible for completing all work that is missed during any absence from class. Failure to make up missed assignments will be reflected in his/her/their grades. I understand that my child's participation in this service is voluntary and not required by Frederick County Public Schools. Any financial obligation incurred as a result of receiving these services at school is the sole responsibility of the parent/guardian.

Also, by signing this consent form, I give permission for two-way communication between my child's therapist/psychiatrist/nurse practitioner and appropriate school staff (administrators, teachers, school counselor, CASS Coordinator) to share pertinent information and to coordinate services. The pertinent information may include, but is not limited to: School Attendance Records, Behavior Reports, Grades/Report Cards, Psychological Testing, as well as Treatment Plans, IEPs, 504s, and Behavioral Rating Scales.

**Print** Psychiatrist/Nurse Practitioners Name and Agency

\_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

***This consent expires on August 1, 2024.***

*However, as the parent / guardian, I may terminate services at any time by notifying the therapist directly.*