



FOLSOM CORDOVA UNIFIED SCHOOL DISTRICT

CONSENT TO PARTICIPATE IN SERVICES

I. Purpose

Folsom Cordova Unified School District (FCUSD) provides voluntary social, emotional and behavioral support services to students and their families to ensure that all students are healthy, engaged and successful learners. These services may include case management, assessment, advocacy, mentoring, classroom support, conflict resolution, youth development, crisis intervention, health education, referrals to community resources, and short-term therapy. However, before a student is seen for individual, group, and/or family therapy, we must obtain parent/guardian permission.

II. Staff/Interns

Individuals providing services may include FCUSD social workers, Marriage and Family Therapists, community partners, and interns. All individuals have been screened, trained, and fingerprinted.

III. Privacy and Confidentiality

FCUSD is strongly committed to protecting your privacy. Information shared with FCUSD staff/interns is confidential to the extent provided by law. This includes an obligation to report suspected abuse or neglect, risk of harm to self or others, and any information requested by the legal system. However, in order to provide the most comprehensive services to your child and family, the team works closely with other school district staff and may share information with them when deemed necessary to promote student success. In addition, a summary of this information will be documented in educational records.

IV. Voluntary Nature of Services

FCUSD services are voluntary and we do not mandate anyone to participate. You may discontinue services at any time by informing FCUSD verbally or in writing. Your authorization below shall become effective immediately and shall remain in effect from the date of signature.

Jayna Record, MFTI #79856 Supervised by: Holli Zandona, LCSW #26703

AUTHORIZATION:

Please initial next to **ONE** of the statements below to acknowledge that you have read, understand and agree with the statement:

_____ I give permission for my child _____ and family to receive individual, group, and/or family therapy services provided by FCUSD.

_____ I **DO NOT** give permission for my child _____ and family to receive individual, group, and/or family therapy services provided by FCUSD.

My child is currently receiving mental health treatment outside of the school district.

Parent/Guardian Name (Print)

Relationship to Child

Parent/Guardian Signature

Date

Student Signature

Date