

PARENT/GUARDIAN CONSENT

For Enrollment in JMP Counseling/Youth Development Services

Dear Parent/Guardian –

Your signature below signifies that you give consent for your child to be able to receive the following services through the James Morehouse Project (JMP), the school-based health center located at ECHS:

- Counseling – individual and/or group support;
- Youth Development activities – including arts, creative expression, action groups, and more.

JMP uses a supportive counseling approach, taking guidance from the ideas and practices of Narrative Therapy, which views problems as separate from people, and works with people to identify their own skills, values, commitments and abilities that will assist them to reduce the influence of problems in their lives. All JMP services are voluntary, based on the student’s interest and capacity of the program.

CONSENT FOR SERVICES: I give permission for my child to participate in the Counseling and Youth Development program at the JMP, and I understand that services may happen during or after school. I, hereby authorize JMP staff members to provide necessary and/or advisable support for my child.

TEACHING PROGRAM: I understand that this health center is associated with teaching institutions and that some services may be provided by interns/trainees, under the supervision of professional staff.

COLLABORATIVE PROGRAM: I understand that this health center is a collaborative among many different agencies (including, but not limited to: JMP, Contra Costa County Health Services, West Contra Costa Unified School District, Bay Area Community Resources, various universities, and other community agencies) and that staff/interns from these various programs may be a part of my child’s health care team, and may contact you or your student to offer services.

CONFIDENTIALITY: I understand that the JMP is required by law to maintain the privacy and protect the confidentiality of the protected health information that I or my child communicates to JMP staff, with the exception of certain situations, involving risk to someone’s health or safety. I understand that the law requires JMP staff to break this contract of confidentiality if they learn about: a young person’s intent to harm one’s self; intent to harm others; abuse or neglect of a child or elderly person; intimate partner violence; in the event of a medical emergency; if a court of law orders disclosure of information; or if the student and I, as the parent/guardian, give consent to share information.

STUDENT INFORMATION & SIGNATURES

STUDENT: LAST NAME: _____ FIRST NAME _____

STUDENT CELL PHONE:(____) _____ DATE OF BIRTH: _____ YEAR OF GRADUATION: _____

INSURANCE QUESTION: DO YOU HAVE MEDI-CAL? NO YES If YES, MEDI-CAL ID # _____

NAME OF PARENT/GUARDIAN GIVING CONSENT: _____ PARENT PHONE:(____) _____

PARENT EMAIL ADDRESS: _____

I CONSENT TO THE ABOVE. SIGNED: _____ /____/____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

I CONSENT TO THE ABOVE. SIGNED: _____ /____/____

SIGNATURE OF STUDENT

DATE

Please complete both sides of this form and return to ECHS/JMP/Room A-210.

Please turn form over to complete the other side. →→→

PARENT/GUARDIAN CONSENT

For Enrollment in JMP Counseling/Youth Development Services

AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION

WHY RELEASE INFORMATION?: In order for the James Morehouse Project (JMP) to provide the most useful services to your ECHS student, it is helpful to have access to your student’s school information. With this information, our JMP counselors can support your student with the following services:

- Assistance with communicating with teachers related to class assignments, homework, etc.
- Support related to getting to school on time and attending all classes
- Help understanding their IEP or 504 Plan accommodations and modifications (if applicable)
- Support related to conflicts or other challenges that arise at school, or that are getting in the way of their school success

For your student to have access to these services, please check “Yes” in the box below.

1. Full name of student: _____

2. Please Check Your Choice:

- Yes, I give permission** for ECHS staff to share school-related information with the JMP (for example: attendance, grades, test scores, etc.), so that JMP can support my student in school.
- No, I do not give permission** to share information.

3. If you checked YES, please check your choice (to share “All Information” OR “Selected Information”):

- All Information** may be shared (includes all information in Student’s Cumulative File listed below)
- Selected Information** may be shared. Please check boxes below for any information that you give consent for ECHS staff to share with the JMP. (Check as many boxes as apply.)
 - Class schedule Grades/Transcripts State test scores
 - Attendance records IEP records Health information
 - Discipline records 504 Plan records (hearing/vision exams, etc.)

4. Specific Requests/Comments: (optional)

5. This consent is effective until student’s graduation/departure from ECHS, (OR date of your choice: _____). Authorization of consent may be revoked at any time by written and signed statement.

6. **Signature of Student:** _____ **Date:** _____

7. **Signature of Parent/Guardian:** _____ **Date:** _____

Please complete both sides of this form and return to ECHS/JMP/Room A-210.