



RELEASE OF INFORMATION TO PROVIDE IN-SCHOOL & IN-DAYCARE COUNSELING & TARGETED CASE MANAGEMENT

I, _____ (legal guardian/parent), hereby authorize Parsons Counseling, LLC. located at 292 Glades Rd, Suite 8, Berea, KY 40403 (phone: [859-428-7862](tel:859-428-7862) or fax: 859-972-0616) to provide in-school, in daycare counseling, and/or targeted case management services to my child _____. I understand that my child will be taken out of class for 30-60 minutes at the therapist's or TCM Coordinator's discretion and may be seen with the therapist or TCM Coordinator in public areas of the school or daycare. The client will be seen in an office or space provided by the school or daycare to conduct counseling in lieu of counseling offered at Parsons Counseling & Play Therapy Center.

Daycare/School District: _____

Address: _____
(street) (city) (state) (zip)

Client's Name: _____

Address: _____
(street) (city) (state) (zip)

DOB: _____ SS#: _____

Parent or Guardian's Name consenting for services: _____

Parent or Guardian's Number: _____

Additional agreement: I agree to have the following information disclosed and to exchange information to the school or daycare staff and counselor and/or TCM Coordinator:

- Attendance Records Behavior Issues Academic information
- Summary of treatment progress verbal or written Progress in counseling and/or TCM services
- Other (specify) _____

For DayCare clients:

- I understand and agree that the daycare setting may be used as a therapeutic playroom with the child, resulting in some treatment in public settings.
- I do not agree to therapeutic playroom activities in public settings at the daycare.

This consent is effective on _____ and expires on _____. I understand that I may revoke this consent at any time by giving written notice to the person or organization making this disclosure.

Parent/Legal Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____