



Healthy Kids Clinic
A Part of Cumberland Family Medical Center, Inc.
PO Box 2399 · Russell Springs, KY 42642
Toll Free: 844.435.0900
www.healthykidsclinics.com

Consent for School Based Behavioral Health Assessment/Consultation in **CRISIS SITUATION ONLY**

In the event of a crisis, a Healthy Kids Clinic Behavioral Health professional may be asked to provide an assessment or consultation for your student. Your signature below permits our staff to provide behavioral health services in an emergency situation.

Furthermore, I give consent for the Healthy Kids Clinic Staff, Board of Education staff, the school nurse and my child's primary care provider to communicate and share medical and psychological conditions on an as needed basis with the understanding all information will be treated in a confidential matter. I understand that this consent form will be valid for the 2018-2019 school year.

Students Name: _____ Date of Birth: _____

School: _____ Grade: _____

Guardian Signature: _____ Date: _____