



Lyon County School District and Healthy Communities Coalition

## Parental Permission Form

Safe Schools/Health Students – Health and Wellness Hub Services

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Description of service: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_\_ Ethnicity:  White  Black/African-American  Asian

Native Hawaiian/Pacific-Islander  American Indian/Alaskan Native  Hispanic/Latino

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Student's School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

I hereby give permission for my **son/daughter** (*circle one*) to participate in and receive services from partner organizations referred by and coordinated through the School Resource Coordinator for Healthy Communities Coalition/Lyon County School District through the Safe Schools/Healthy Students Program of the Health and Wellness Hub. I also authorize the release and exchange of information between and among the HCC partner organizations' professionals with whom my child is receiving services or participating in programs at the school. I also authorize my child's participation in evaluation activities such as surveys, focus groups, as well as the release of information from my child's educational records by LCSD to HCC for purposes of evaluating the effectiveness of prevention activities.

### Statement of Confidentiality

Professionals rendering services under HCC partner organizations are bound by ethical responsibility to keep the contents of my child's sessions confidential. However, there are limits to confidentiality. These are:

- If a subpoena has been issued by the Courts for access to the professional's files.
- If a person makes a serious threat to kill or severely harm another person or persons the professional is required to notify the potential victim and the police.
- If there is suspicion of child abuse, elder abuse or dependent adult abuse this must be reported to the appropriate agency.
- If your child is actively suicidal and at risk of harming his/her self, then the parents and/or other necessary agencies will be notified.
- If there is a serious threat to vandalize or destroy property, then the police will be notified.

Your signature at the bottom of this page gives permission for your child to receive SS/HS Health and Wellness Hub services at school and for professionals involved with your child to exchange information when it is in the best interests of your child. It also acknowledges that you have read and understood the limits of confidentiality.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Counselor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**(Please See Other Side)**



**Lyon County School District and Healthy Communities Coalition**

**LYON COUNTY SCHOOL DISTRICT**

**Consent for Disclosure and Exchange of Education Records**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

**PURPOSE FOR CONSENT FOR DISCLOSURE AND EXCHANGE OF EDUCATION RECORDS**

Your child (or the student, if age 18 or older) has been identified as a student who may benefit from the prevention, intervention, assessment, referral, or related services provided to students of the Lyon County School District through projects supported by the Healthy Communities Coalition of Lyon and Storey Counties or through other individual(s) or group(s) in the community. The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of information contained in education records maintained by a school district. Completion of this consent form authorizes the disclosure and exchange of your child's education records between the Lyon County School District and the individual(s) and/or group(s) listed below.

**LIMITATIONS ON CONSENT FOR DISCLOSURE AND EXCHANGE OF EDUCATION RECORDS**

The Lyon County School District and the individual(s) and/or group(s) listed below will disclose and exchange these education records only as necessary to support the student's participation in the program(s) offered by the individual(s) and/or group(s) listed below. The education records may only be shared with the Lyon County School District and the individual(s) and/or group(s) listed below. No re-disclosure of education records will be permitted except in compliance with FERPA regulations at 34 CFR 99.33. The Lyon County School District will maintain all information or records obtained in a manner that ensures maximum protection of privacy and confidentiality rights to the fullest extent provided by applicable laws, including FERPA. This consent will authorize the disclosure and exchange of education records for **one year** from the date signed below. You may withdraw your consent at any time in writing to the student's school principal.

**I hereby voluntarily authorize the mutual disclosure and exchange of confidential information contained in education records among and between the Lyon County School District and the individual(s) and/or group(s) listed below.**

**List of Parties Disclosing/Exchanging Education Records**

**To/From Lyon County School District and the individual(s) and/or group(s) listed below.\*:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Lyon County School District           | <input type="checkbox"/> Central Lyon Youth Connection     | <input type="checkbox"/> Nevada Rural Community Health         |
| <input type="checkbox"/> Community Chest                       | <input type="checkbox"/> Lyon County Human Services        | <input type="checkbox"/> Community Health Nurses               |
| <input type="checkbox"/> Nevada Partners/Nevada Health Centers | <input type="checkbox"/> Northern Nevada Dentistry Society | <input type="checkbox"/> Rural Counseling and Support Services |
| <input type="checkbox"/> Sage Health Services                  | <input type="checkbox"/> Zephyr Wellness                   |  |
| <input type="checkbox"/> Renown Rural Health Center(s)         | <input type="checkbox"/> Rural Nevada Counseling           | <input type="checkbox"/> Carson Health and Human Services.     |
| <input type="checkbox"/> Lyon County Probation Department      |  |  |

**\* If you do not consent to the mutual disclosure and exchange of confidential information contained in education records to any individual or group listed above, cross through the name of the individual or group and add your initials.**

**Types of Education Records**

**Categories of confidential information contained in education records to be disclosed and exchanged ("program" refers to the program of services offered by the individual(s) and/or group(s) listed above)\*:**

- |  |  |
|--|--|
| <input type="checkbox"/> Program/school attendance records | <input type="checkbox"/> Program/school progress/grade reports |
| <input type="checkbox"/> Health records                    |  |
| <input type="checkbox"/> _____                             | <input type="checkbox"/> _____                                 |

**\* If you do not consent to the mutual disclosure and exchange of confidential information contained in any of the types of education records listed above, cross through the item and add your initials.**

\_\_\_\_\_  
/Guardian (Student if Age 18 or Older) Signature  
Name (printed): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Principal/Designee Signature  
Name (printed): \_\_\_\_\_

\_\_\_\_\_  
Date