**Family Solutions of Ohio VALID UNTIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMISSION TO PROVIDE SERVICES IN THE SCHOOL REVOKED EFFECTIVE: \_\_\_\_\_\_\_\_\_**

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| **Student Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Legal Guardian’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship to Student:**  | **Name of School:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**School Telephone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**School Address:** |

I hereby GRANT PERMISSION for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the student identified above to receive services from Family Solutions of Ohio at the school upon presentation of appropriate Family Solutions of Ohio Identification.

I also give permission for the school personnel to discuss problems or concerns the school may have regarding my child (identified student above) the student identified above including discipline reports, grades, or other pertinent information relevant to the provision of care of Family Solutions. This permission is given voluntary.

1. I understand that this authorization will expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (180 days from the date of my signature below unless otherwise specified).
2. I understand that I may withdraw/revoke this authorization at any time by WRITTEN notification to FSO or signing the revocation section of this form.

**SIGNING THIS FORM IS VOLUNTARY**

* **I understand that I may refuse to sign this permission form. FSO may not condition services or treatment on whether I sign this form.**
* **I understand my right to receive a copy of this form.**

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| X**Signature of Client**Signature of the Minor Client is REQUIRED at all times if AoD Services have been provided. | Date |
|  X**Signature of Legal Guardian if Client is a Minor** | Date |
|  X**Signature of Witness** | Date |

**Permission to FSO to Deliver Services in the School Grounds, April 2017**

 **REVOCATION OF THIS FORM:**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby revoke my permission above. Further contact at the school shall cease immediately.

(This authorization is subject to revocation at any time except to the extent FSO has already acted in reliance to it.)

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| X**Signature of Client**Signature of the Minor Client is REQUIRED at all times if AoD Services have been provided.  | Date |
| X**Signature of Legal Guardian if Client is a Minor** | Date |
| X**Signature of Witness:** | Date |

Family Solutions of Ohio, Authorization for Exchange of Information FS Form ROI Exchange