

# PARENTAL PERMISSION FORM

## OLSD Counselor and Social Worker Permission Form

I, the undersigned parent/guardian(s) of \_\_\_\_\_ have elected to invoke parental rights under state and federal statutes and case law.

As children are attending Olentangy Local School District for an academic education, and not for mental health services, **I DO NOT consent** to a school staff member (including but not limited to counselors and social workers), a person, corporation, association, organization or state-supported institution, or any individual employed by any of these entities, to procure, solicit to perform, arrange for the performance of, or perform a mental health evaluation in a clinical or non-clinical setting or mental health treatment on my child without first obtaining my written or oral consent. If a school counselor or social worker feels it imperative to speak to my child, I **must be present**.

Concerns by school staff relating to my child's mental health are to be brought to me for my attention and assessment. No staff members or outside contractors should attempt to obtain a diagnosis or provide mental health treatment, analysis, referral, or labeling of any nature. My student's assessment and testing are to center on academics. To clarify, this includes, but is not limited to the following attempts to obtain data:

1. School or school-based counseling related to mental or physical health
2. Behavioral, mental health, depression/suicide, or psychological/behavioral screenings of any nature and/or diagnostic screenings, instruments, or surveys
3. Anger management, self-esteem, conflict resolution courses; anxiety and stress management, group or family counseling

I kindly ask for written acknowledgement of this notification and I look forward to collaborating respectfully on this matter.

Sincerely,

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Signature/Date

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Print Name