

**Berkeley Unified School District: Universal Consent for School-Based Services**

Parental consent for the activity(ies) listed below will allow your child to effectively access student support services in order to help them achieve their academic goals.

\_\_\_\_\_

*Student's Name*

I, \_\_\_\_\_

*Parent/Legal Guardian Name*

hereby consent to school-based services on behalf of my child which may include: case management or resource coordination, individual or group counseling, support groups, public health assessment, behavior observations and consultation, other services:

\_\_\_\_\_  
\_\_\_\_\_.

**I understand that:**

- My child's participation is voluntary and not required as a part of his/her education.
- Licensed or qualified professionals, educators, or interns under supervision may provide all or part of the services listed above.
- My child's care will remain confidential unless I provide written consent. Exceptions to this confidentiality are; if we receive or encounter information about suspected child abuse or neglect involving your child; your child is in danger of hurting themselves or another person; we are ordered to do so by a court of law.
- I have the right to review all educational records or a summary of records pertaining to confidential services if appropriate.
- I can withdraw my consent at any time.

\_\_\_\_\_

*Parent/Legal Guardian Signature*

\_\_\_\_\_

*Date*