

PARENT/GUARDIAN AUTHORIZATION AND RELEASE OF CLAIMS

I, _____, parent/legal guardian of _____, a student at _____, hereby authorize _____ (agency) to provide the following behavioral health services to my child during regular school hours _____.

I understand and agree that all service providers must obtain prior authorization from the Jefferson Parish Public School System (JPPSS) in order to provide services to my child at school. I understand and agree that the principal has final authority as to whether an outside service provider may access school facilities for the purpose of meeting with my child during regular school hours. I, further, understand and agree that if the principal grants access and allows the outside service provider to provide services to my child during regular school hours, the principal has the final authority as to when during regular school hours the provider may meet with my child. I, further, understand and agree that JPPSS reserves the right and sole discretion to revoke authorization for a service provider or outside agency to render these services to my child at school.

I hereby authorize the school to release to the service provider information and education records reasonably related to the provision of these services.

I hereby agree to hold harmless, defend and indemnify the Jefferson Parish School Board (and all of its affiliates, officers, directors, employees and representatives) from and against each and every demand, claim, loss, liability or damage of any kind, including attorney’s fees and expenses, whether in tort or contract, whether personal injury or property damage, that the Board may incur by reason of, or arising out of, or related to these services.

I understand that I may revoke this consent at any time, but that it shall remain in effect until such time as the services contemplated herein cease or I provide a written revocation of consent to the school.

Parent/Legal Guardian

Date