

Consent for Therapy from Approved MOU Providers School Year 2025-2026

I, (parent/legal guardian) _____, hereby grant permission for my student, (name) _____, to be excused from class in order to meet with their mental health provider during the school day in the school building.

--OR FOR STUDENTS BETWEEN THE AGES OF 12 AND 18 YEARS OF AGE--

I, _____, a minor student, hereby affirm that I have been determined by a health provider to be mature and capable of giving informed consent, in accordance with Section 20-104 of the Health General Article, Annotated Code of Maryland, and I hereby consent to treatment by my mental health care provider during the school day in the school building.

I understand that because I/my student may miss instructional class time in order to meet with my/their mental health provider, I/my student am/is responsible for completing all work that is missed during my/their absence from class. I further understand that failure to make up missed class assignments will be reflected in my/their grade.

I may terminate services at any time by notifying _____ directly. I will not request Washington County Public Schools staff to terminate services between myself/my student and _____ on my behalf. I will notify Washington County Public Schools staff when services have been terminated.

Also, by signing this consent form, I give permission for two-way communication between _____ and appropriate school staff (administrator, teacher, counselor, school social worker, etc.) to share pertinent information such as areas of concern and behavior, and information necessary to coordinate services. I understand that this does not include the sharing of education records, which can only be shared with a signed *Consent for Release of Information*.¹

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature (if applicable): _____ Date: _____

Provider: _____

Signature of authorized representative of provider: _____

Date: _____

This consent (unless expressly revoked earlier) expires August 25th following the school year of this consent.

¹ A *Consent for Release of Information* can only be signed by a parent/legal guardian or student who has reached 18 years of age.