



Mental Health Consent Form

At Takoma Academy, we are committed to providing support services for the well-being of our students. This consent form outlines the terms and conditions of receiving mental health services at Takoma Academy.

Student's Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____ **Email Address:** _____

Full Name of Parent/Guardian: _____

Phone Number: _____ **Email Address:** _____

As a client, you have the right to have your child:

- Receive professional and ethical mental health services.
- Be treated with respect and dignity.
- Participate in treatment planning and decision-making.
- Access information about your child's treatment and progress.

I, the undersigned, have read and understand the information provided in this consent form. I consent to having my student receive mental health services at Takoma Academy, and I acknowledge that I have been informed of my rights and responsibilities as a parent.

Parent/Guardian's Signature: _____ **Date:** _____