

Angela Rene Brown, LCSW, LLC

Counseling for *Serenity*

COORDINATION WITH CHILD'S SCHOOL:

Angela Rene Brown, LCSW may wish to work in cooperation with faculty and staff at your/your child's school and school district. As such, we ask your permission to communicate with these individuals to coordinate and expand care for you or your child. This communication will be from Angela Rene Brown, LCSW to the school and from the school to Angela Rene Brown, LCSW. Your consent is valid for one year. If you decline, no information will be shared. You may change your decision at any time.

You may communicate with the school.

I/ we decline the sharing of information.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Client Signature 12 yrs. or older: _____ Date: _____

ATTENTION: _____

SCHOOL NAME: _____

ADDRESS: _____

PHONE: _____