

ONWARD Counseling and Coaching

Release of Information

Student's Name: _____ D.O.B. _____

Parent or legal guardian: _____

With whom may ONWARD exchange information about your child?:

Name: _____

Address: _____

Phone: _____ Email: _____

Specific information to be shared: (check all that apply)

- Clinical Information
- Educational Information
- Medical Information
- Treatment Plan
- Academic Records
- Other: _____

For the specific purpose(s) of:

- Admissions
- Treatment Planning
- Academic Planning
- Medical Planning
- Medication Management
- Discharge Planning
- Other: _____

This release will expire on _____ (not to exceed 6 months)

Parent Signature: _____ Date: _____

State law allows for identification to be released without consent under special circumstances such as emergency health or safety, imminent danger to self or others or by court order. Please see the Rights of Recipients of Mental Health Services for further information.