

CONSENT FOR SERVICES
Safe Schools Professional
Clark County School District

Student's Last Name	First Name, MI	Teacher/Grade

Dear Parents or Legal Guardians,

We are seeking your permission for our Safe Schools Professional Kimberly Kerr to provide psychosocial educational group interventions or individual interventions, as identified below.

Group work: Coping Skills, Motivation & Social Skills

Individual work: As Needed

Observation: _____

Please complete the information below and return it to school with your child indicating that you give permission for their participation in the services identified on this form.

If you have any questions or concerns, please do not hesitate to contact the Safe Schools Professional directly.

Thank you!

Kimberly Kerr
 Safe Schools Professional

cyrkj@nv.ccsd.net
 Email

702-799-2270 x4350
 Phone number

I give permission for my child, _____, to receive the services identified on this form from the Safe Schools Professional. Consent for services will be valid for one year. Permission can be withdrawn at any time with written notice to the Safe Schools Professional.

 Parent/Guardian (Print Name) Parent/Guardian (Signature) Phone Number Date

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Consent must be provided by all custodial parents or legal guardians.