Ringling College of Art + Design
Health Services

PETERSON COUNSELING CENTER
PARENTAL AUTHORIZATION FOR MENTAL HEALTH TREATMENT FOR STUDENTS UNDER 18 YEARS OF AGE:

_____ _____
Student Name (Last, First) Student ID#

Generally, Florida law requires parental consent for mental health counseling/treatment of minors (in Florida, minors are individuals under 18 years of age). If your minor son or daughter will be enrolled as a Ringling student, you are encouraged to complete the form below.

AUTHORIZATION FOR MENTAL HEALTH TREATMENT

I, (name) _____, am the parent or legal guardian of

(student) _____, a minor, whose date of birth is _____.

I hereby authorize the Peterson Counseling Center at Ringling College of Art and Design to provide mental health services to my minor son or daughter while s/he is enrolled as a Ringling College of Art and Design student. This consent will be valid until the minor reaches the age of 18.

Informed Consent: Should the minor have a mental health emergency that requires more than routine treatment, the Peterson Counseling Center will contact me. Treatment will not be delayed if an emergency exists.

_____ _____ _____
Parent/Legal Guardian: Printed Name Signature Date

Please return this form to:
Ringling College of Art and Design
Attn: Peterson Counseling Center
2700 N. Tamiami Trail
Sarasota, FL 34234
Phone: 941-893-2855
Fax: 941-359-4854