

## CASE MANAGEMENT SCHOOL PERMISSION FORM

Central Kansas Mental Health Center • 809 Elmhurst Blvd. • Salina, Ks • 67401

Voice: (785) 823-6322 Fax: (785) 823-3109

To School Personnel:

I am a case manager from Central Kansas Mental Health Center (CKMHC) working with \_\_\_\_\_ . The parent/guardian has given me permission to work with this child during school hours or immediately after school. I understand I will work cooperatively with the teacher to make arrangements and to notify the school secretary of the arrangements.

Please refer to the following paragraph from this child's parent/guardian concerning this matter.

Sincerely,

Case Manager  
Central Kansas Mental Health Center

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I understand and hereby give my permission that this case manager from CKMHC may meet with my child during school hours. With my signature, I give formal consent for my child, \_\_\_\_\_, to leave school grounds with the CKMHC case manager.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Original to be filed in clinical chart.***