

CASE MANAGEMENT – SCHOOL PERMISSION SLIP

To School Personnel:

I am a case manager from the Central Kansas Mental Health Center working with _____ . The parents have given me permission to work with this child during the school hours or right after school. I understand I will work with the teacher on arrangements and to notify the school secretary.

Please make reference to the following paragraph from this child's parents concerning this matter.

Sincerely,

Case Manager
Central Kansas Mental Health Center
Office phone # 785-823-9633

I understand 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 case manager if needed with arrangements made ahead of time.

Parent signature _____

Date _____