



Marjory Stoneman Douglas (MSD) Public Safety Act Disclosure

According to the 2018 guidelines established under the Marjory Stoneman Douglas (MSD) Public Safety Act (SB 7026), the Florida Legislature has amended Florida Statute 1006.07(1)(b) to require each student at the time of initial registration for the school in the school district to note referrals to mental health services the student has had. The intent is to better connect students and their families to mental health services, should there be a need. Aventura City of Excellence School will be screening students to identify those who may qualify for these services. If you do not want your student screened, please inform us in writing.

Student Name _____ **Date of Birth** _____

Grade _____ **Home Room Teacher** _____

a) Has the student ever been referred for mental health services? • Yes • No • Not Known
(if response is "yes," please complete "Authorization for Release of Information" below)

b) Is the student currently receiving mental health services? • Yes • No • Not Known
(if response is "yes," please complete "Authorization for Release of Information" below)

Student health insurance (circle all that apply): • Medicaid • Healthy Kids/Kid Care • Private • None

Authorization for Release of Information

(Please complete if you responded yes above)

I authorize Aventura City of Excellence School and/or its designees to release and receive medical/mental health records and/or information concerning my student, as identified above, to/from:

Name of Provider _____ **Title** _____

Address of Provider _____

Phone Number of Provider _____

I understand that information concerning psychiatric, psychological, medical diagnosis, drug or alcohol abuse, and educational information regarding my child may be released and/or communicated.

All information I authorize to be released or requested will be held strictly confidential and cannot be released by the recipient without an additional written consent. I understand this authorization will expire one (1) year after the date signed. A copy of this authorization is valid in lieu of the original. I further understand I may withdraw my consent at any time.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Please return this form in a **sealed envelope** to your student's Homeroom Teacher

Una copia en español ha sido enviada por correo electrónico y también está disponible en www.aventuracharter.org