

**Duval County Public Schools
1701 Prudential Drive
Jacksonville, FL 32207**

PARENTAL CONSENT FORM – PRIVATE SERVICE PROVIDER

Exhibit "A"

To be completed by the Private Provider – Print Clearly: (*Required)

*Student First Name *Student Last Name * Date of Birth *Grade *School Name

***Private Provider Information:**

*First and Last Name of Private Provider *Private Provider Address *City *ZIP

*Private Provider Phone # *Private Provider E-mail

***Indicate Licensure/Certification Information below: (select one)**

License/Certification Not Required for Profession/Service: Job Title: _____
Supervisor Name: _____ Email: _____

License/Certification Is Required for Profession/Service: (Complete the information and check the appropriate box below)

Agency Name Issuing License/Certification License/Certificate # License/Certificate Expiration Date

Check One: Psychologist RN LPN LMHC LMFT LCSW PT OT SLP BCBA-D BCBA
 BCaBA – Indicate Supervisor Name: _____ Email: _____
 RBT – Indicate Supervisor Name: _____ Email: _____
 Other: _____ - Supervisor Name & Email: _____

*Private Provider Social Security #: _____

*Current DCPS Instructional Vendor Badge: No Yes, Expiration Date: _____ (Note: Submission and approval of the current Private Service Provider application, **per student**, is required each school year.)

*Self Employed Yes No *Employing/Contracted Agency: _____

*Primary Agency Contact Person *Agency Address City State Zip

*Primary Agency Contact Phone # *Primary Agency Contact E-mail

***Summary of proposed services to be provided:** _____

***Requested Terms of Service: (Maximum service duration is the last day of the current school year or ESY if appropriate)**

Projected Initiation Date	Duration Date	Frequency	
		Min/Hrs	Day/Week/Month
Example: September 1, 2020	May 15, 2021	60 minutes	2 days/week

***To be completed by the Parent/Guardian/Educational Surrogate:**

Consent and Hold Harmless

I, _____, consent to the above named service provider to provide services to my child
Print Name of Parent/Guardian/Educational Surrogate

_____ at _____ during the current school year.
Print Name of Child Print Name of Current School

I/We, the undersigned Parent(s), agree to defend, fully indemnify, and hold harmless The School Board of Duval County, Florida, and its employees for any expense, cost, loss, damage, claim, Judgment or claims bill incurred or rendered against the School Board of Duval County, Florida, including attorney's fees and investigation Expenses (pre-suit, suit, trial appeal, an post appeal proceedings) on account of any intentional or negligent acts or omissions of the Private Instructional Personnel hired by me/us, or negligent acts or omissions of its employees, agents, or servants arising out of the use of any facility, or the provision of any services to my child and for any violation of the rights of my child by the Private Instructional Personnel hired by me/us. This provision shall survive the termination of any Agreement between the School Board and the Private Instructional Personnel and shall remain in full force and effect until the expiration of any statute of limitations.

*Parent/Guardian/Educational Surrogate Signature

*Parent E-mail: _____

*Print Name: _____

*Date: _____

Parent/Guardian/Educational Surrogate Signature

Parent E-mail: _____

Print Name: _____

Date: _____

DISTRICT OFFICE USE ONLY

Date Final Complete Packet Received by District Office: _____

APPROVALS:

Licensed Private Instructional Personnel per F.S. 1003.572 YES, Provider is both licensed by the State of Florida and is one of the Service Providers listed under Florida Statute 1003.572 NO N/A Date: _____

Other Private Service Provider _____ YES NO N/A Date: _____

Background Screening/Badge Ready YES NO Date Approved: _____

The above named Private Service Provider is is NOT approved to provide services to:

Student Name

Current School

School Year*

* Inclusive of Summer School/ESY as appropriate

Approved By: _____

Sherry A. Kaufman, EE/SS Policy and Compliance

Date Approval Entered Into Database/Transmitted to School: _____