

IN THE _____ SCHOOL SYSTEM OF _____ COUNTY, FLORIDA

IN THE MATTER OF NON-CONSENT TO
REMOVE MY CHILD FROM SCHOOL FOR
PSYCHIATRIC EXAMINATION

NON-CONSENT BY PARENT

1. I, _____, am the father/mother of the minor child(ren) subject to this **non-consent** who is/are:

Current Name	Gender	Birthdate	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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2. I **do not** relinquish all rights to, custody of, and time sharing with this/these minor child(ren). I can provide an environment for my child(ren) that is not dangerous, and I will prevent my child(ren) from causing serious bodily harm to anyone in the near future. I will provide a safe environment and care for my child(ren), with full knowledge of the legal effect of this **non-consent**.
3. I understand my legal rights as a parent and I understand that I do not have to sign this **non-consent** and **do not** release my parental rights. I acknowledge that this **non-consent** is being given knowingly, freely, and voluntarily. I further acknowledge that my **non-consent** is not given under fraud or duress. I **do not** give up my parental rights to and interest in this/these minor child(ren), and this **non-consent** may only be withdrawn if the Court orders it. I **do not** voluntarily relinquish all my parental rights to this minor child, and I give **no permission** for psychiatric examination for any purpose.
4. I **do not** consent, release, and give up permanently, of my own free will, my parental rights to this/these minor child(ren), for the purpose of psychiatric examination.
5. I **do not** waive any notice of my child(ren) removal from school grounds for the purpose of psychiatric examination. Pursuant to 381.0056 (4)(a)19, I want to be contacted in the event that involuntary psychiatric examination is being considered.
6. I understand that pursuant to Chapter 394.463 Involuntary Examination Florida Statutes, my child(ren) can only be psychiatrically examined if "Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services."
7. I am a willing family member, and intend to seek other services if necessary.
8. I understand that pursuant to Chapter 1014, the Parents' Bill of Rights, "The state, any of its political

subdivisions, any other governmental entity, or any other institution may not infringe on the fundamental rights of a parent to direct the upbringing, education, health care, and **mental health** of his or her minor child without demonstrating that such action is reasonable and necessary to achieve a compelling state interest and that such action is narrowly tailored and is not otherwise served by a less restrictive means.”

9. I am exercising my right as a parent to direct the mental health of my child(ren).

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this non-consent and non-waiver and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Name

Address
_____, Florida, _____.

Telephone No.: _____

Signature:

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ at _____ a.m./p.m.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type or stamp commissioned name of notary or deputy clerk.]

_____ Personally known
_____ Produced identification
Type of identification produced _____

I hereby acknowledge receipt of a copy or duplicate original of this executed **Consent and Waiver**.

(Signature of school personnel & Title)