



PETERSON COUNSELING CENTER  
PARENTAL AUTHORIZATION FOR MENTAL HEALTH TREATMENT  
FOR STUDENTS UNDER 18 YEARS OF AGE:

\_\_\_\_\_  
Student Name (Last, First)

\_\_\_\_\_  
Student ID#

Generally, Florida law requires parental consent for mental health counseling/treatment of minors (in Florida, minors are individuals under 18 years of age). If your minor son or daughter will be enrolled as a Ringling student, you are encouraged to complete the form below.

**AUTHORIZATION FOR MENTAL HEALTH TREATMENT**

I, (name) \_\_\_\_\_, am the parent or legal guardian of  
(student) \_\_\_\_\_, a minor, whose date of birth is \_\_\_\_\_.

I hereby authorize the Peterson Counseling Center at Ringling College of Art and Design to provide mental health services to my minor son or daughter while s/he is enrolled as a Ringling College of Art and Design student. This consent will be valid until the minor reaches the age of 18.

Informed Consent: Should the minor have a mental health emergency that requires more than routine treatment, the Peterson Counseling Center will contact me. Treatment will not be delayed if an emergency exists.

Parent/Legal Guardian: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to:  
Ringling College of Art and Design  
Attn: Peterson Counseling Center  
2700 N. Tamiami Trail  
Sarasota, FL 34234  
Phone: 941-893-2855  
Fax: 941-359-4854