

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	Birth date	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 _____ that is not dangerous, and I will prevent _____ from causing serious bodily harm to anyone in the near future. I will provide a safe environment and care for _____, 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not** give up my parental rights to and interest in this/these minor child(ren), and this **non-consent** may only be withdrawn if the Court orders it.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 _____'s removal from school grounds for the purpose of psychiatric examination. I want to be contacted in the event that involuntary psychiatric examination is being considered.
6. I understand that pursuant to Chapter 394, Florida Statutes, _____ 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.

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)