**Lakeland Elementary School**

 “Where Children Come First”

 616 Buckley Street

 Elk Rapids MI, 49692

 h(231)264-8289 ext 4132

 **Permission Form for Social Work Services at School**

**I, (please print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to meet with Samantha Abeel, LMSW General Education Social Worker at school.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*Please contact the phone number listed above if you have any questions or concerns.