



### COUNSELING/PSYCHIATRIC RELEASE

**To the Parent:** Please complete this form and take it to any counselor/therapist/psychiatrist your child has seen in the last 24 months.

I hereby authorize \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

to release the following information about:

Student's name \_\_\_\_\_

to the Admissions Director at Oneida Baptist Institute.

|                           |             |
|---------------------------|-------------|
| _____                     | _____       |
| <b>Parent's signature</b> | <b>Date</b> |

We are requesting information that will allow us to evaluate the student's psychological and emotional fitness to attend our boarding school. Because we are not a hospital or inpatient facility and since we have no psychiatric staff or treatment available, it is crucial that we be able to assess whether or not the student is appropriate for our environment.

We need documentation that will provide us with informations relating to:

1. when and why the student began counseling
2. history of the problem(s)
3. psychiatric diagnosis
4. symptoms/behaviors addressed
5. progress made
6. recommendations
7. prognosis
8. intake and discharge summaries

Please send all applicable information listed above to: Admissions Director  
 Oneida Baptist Institute  
 PO Box 67  
 Oneida, Kentucky 40972 Or fax to 606-847-4496

If you have questions, please call the OBI admissions office at 606-847-4111, extension 233.

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