

Please complete the permission section below and return to:  
**Amelia Earhart Intermediate School Main Office**

I acknowledge that a CYB-MFLC is available and authorize my child, \_\_\_\_\_,  
to receive CYB-MFLC support.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

I acknowledge that a CYB-MFLC is available and **DO NOT** authorize my child, \_\_\_\_\_  
to receive CYB-MFLC support.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

"I ACKNOWLEDGE THAT A CYB-MFLC is available and authorize my child to receive CYB-MFLC support  
during group, classroom, transition activities, and situations that need to be immediately resolved. For scenarios that  
involve continuous CYB-MFLC support or counseling, the parent will be first notified"