SCHOOL COUNSELING INFORMED CONSENT FORM
Vision Charter School

Dear Parent(s)/Guardian(s),

If your child is referred to the school counselor, the word "counseling" may sound like a mysterious process, but it's not. Counseling is a relationship built on confidentiality and trust: student trust, parent trust, and counselor trust. Adequate information is the foundation of trust and all people involved must have information about the limits and processes of counseling. My goal is to always help the student. It's important to understand what the student says in the counseling office, stays in the counseling office, unless any of the following apply, required by law.

1. Someone is hurting them.
2. They want to hurt someone or themselves.
3. They know of someone who is or might get hurt.
4. Any gender identity questions/concerns.
5. They give me permission to share with another trusting adult.

Please place an "x" next to your decision regarding school counseling at Vision Charter School and your child.

___ **I do consent** for my child to participate in school counseling and understand that participation is completely voluntary.

___ **I do NOT consent** for my child to participate in school counseling.

This school counseling informed consent form is effective for the current school year 2026-2027.
I have read and understand the information provided by the school counselor and had an opportunity to ask questions about counseling if needed.

Student Name: (please print): _____

Grade: _____

Parent/Guardian or Student Signature (18 or older):

_____

Date: _____

Thank you for your time,
Mr. Lamitina

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