Gadsden Independent School District

Parent/Guardian Counseling Consent Form

Your child, _____ has been identified as benefiting from counseling services. Your permission is requested for your child to participate in counseling services with the school counselor, mental health therapist at _____ .

(Name of School)

The counseling setting will be: □ Individual Counseling □ Group Counseling

Because counseling is based on a trusting relationship between counselor and the student, the school counselor or mental health therapist will keep information shared by the student confidential except in certain situations in which an ethical responsibility limits confidentiality. You will be notified under the following circumstances:

1. The student reveals information about hurting himself/herself or another person.
2. The student or another person may be in physical danger.

C O N S E N T

□ Yes, I give my permission for my child _____ to participate in individual or small group counseling sessions with the school counselor or mental health therapist. This consent will be on file for the _____ school year. I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.

□ No, I choose to decline school counseling services for my child at this time. I understand that I may request counseling services at a later date if needed.

Name of school counselor or mental health therapist assigned to your child is:

_____ _____

(Name) (Title)

_____ _____ _____

(Contact Number) (Email Address) (Date)