



St. Francis of Assisi
CATHOLIC SCHOOL

PARENT PERMISSION FORM FOR COUNSELING

ST. FRANCIS OF ASSISI SCHOOL

2019 – 2020 School Year

By signing this permission for counseling, I am consenting to short term school counseling services for my child. I understand that I may withdraw my consent at any time.

In order to build trust with the child, the school counselor will keep information confidential, with some possible exceptions. Because these services are provided in a school setting, I understand that the school counselor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the child as a team. In addition, any situation where a student may be involved in behavior that could be identified as dangerous to either themselves or others, or where reasonable suspicion of child abuse is identified, will result in mandatory reporting as stipulated by California law.



*My child **MAY** use the counseling services for short-term, individual counseling, and I understand confidentiality and its' limits in a school setting, and the mandatory reporting law.*

NAME OF CHILD/CHILDREN (PLEASE PRINT)

GRADE(S) IN SCHOOL

NAME OF PARENT/GUARDIAN (PLEASE PRINT)

SIGNATURE OF PARENT/GUARDIAN

RELATIONSHIP TO CHILD

DATE

NAME OF PARENT/GUARDIAN (PLEASE PRINT)

SIGNATURE OF PARENT/GUARDIAN

RELATIONSHIP TO CHILD

DATE