

Briargrove Elementary School
Informed Consent for Counseling Services

The counselor at Briargrove Elementary School offers short-term individual and/or small group counseling to students. Parents/guardians or school staff may request students for counseling or the student may request it. It is the school's policy to obtain parent/guardian written permission for counseling that extends beyond two sessions.

School counseling services are short-term services and not intended as a substitute for diagnosis or treatment for any mental health disorder. If you want to give permission for your child to receive these services during the school year, complete and sign the consent form below and return bottom portion to your child's teacher or the counselor, Mrs. Dulin.

The counselor will keep information confidential with some exceptions. Because these services are provided in a school setting, the counselor may share information with parent/guardian, child's teacher, and Briargrove administrators who work with the child so that we may better assist the child. Child abuse or neglect, threats of harming self or others must be disclosed to the proper authorities.

Child's Name _____ Grade ____ Teacher _____

I, _____ am the legal parent/guardian of _____.

I give permission for my child to receive school counseling services at Briargrove Elementary School for the 2016-2017 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.

Parent/Guardian Signature

Date

Daytime phone number

E-mail