

HIGBEE R-VIII COUNSELING PROGRAM PARENT CONSENT FORM

Student _____

Date _____

I give permission for my son/daughter to participate in these counseling services (check all that apply)

_____ Weekly Individual Counseling _____ Individual Counseling As Needed

_____ Group Counseling (when available) _____ Bi-monthly Individual Counseling

Counseling services are confidential. The relationship between a student and his or her counselor carries communication privileges and rights to confidentiality. Any information shared by your son or daughter will be kept confidential. There are times when students divulge information that I feel should be shared with parents. I will encourage them to do so or request permission to discuss the matter with a parent or guardian myself. I will do this anytime I feel it is in the best interest of your son or daughter. There are also several situations in which I am required by law to share details of a counseling session with the appropriate authorities. These situations include:

- If a counselee reports neglect, physical or sexual abuse of a child or someone who cannot otherwise protect themselves.
- If an individual threatens to harm themselves or others
- If my records are subpoenaed by the courts for purposes of litigation.
- If you grant me permission to release records to another professional.

As legal guardian of _____ (student), with an understanding of the conditions above, I give permission for him or her to participate in counseling services at the Higbee R-VIII.

Parent/Guardian Signature

Please list below any areas of concerns or goals for counseling that would be beneficial for your child to address in counseling.