



**Consent Form for School Counseling Services
(Parent/Legal Guardian)**

I am the parent/legal guardian of _____ Grade _____

("My child ") and I hereby give my consent for My Child to receive counseling services through **Saint Theresa School**. I understand that counseling services offered through the School are primarily short-term temporary services aimed at the more effective education and socialization of My Child within the School community, and provide the means for teachers and the School Administration to serve My Child and the School community more effectively. These services may involve the individual participation of My Child or the participation of My Child in conjunction with family, teacher(s) and/or the School Administration. These services may be provided online using a HIPPA compliant service. I understand that these services are not intended as a substitute for emergency psychological intervention, nor do they take the place of permanent, long-term, or comprehensive psychological counseling, therapy or medication, which are not the responsibility of the School. I acknowledge that is my sole responsibility to determine whether additional or different services are necessary, and whether to seek them for My Child.

Authorization of Disclosure

Because the School Counseling Services are primarily intended to serve My Child as a member of the School Community, in addition to circumstances otherwise allowed or required by law, I authorize the School counselor, at his or her discretion, to share any information, diagnosis or recommendation derived from these services, and only such information, with me or another parent or legal guardian of My Child, My Child's teacher(s), the School Principal or other School Administrators. Such information will be used only for the purpose of facilitating the education or socialization of My Child in the School community. I understand that what my child(ren) says in counseling is confidential, (except in cases of physical or sexual abuse, danger to self or others, wherein reporting is required by law). The authorization shall remain valid until _____.

I have the right to withdraw this authorization by written notice to the School.

I understand that I have the right to receive a true copy of this authorization. By my Signature, I acknowledge that a true copy of this authorization has been received by me.

Signed by Parent or Legal Guardian

Date

Home # _____ Cell # _____

Work # _____

Signed by Parent or Legal Guardian

Date

Home # _____ Cell # _____

Work # _____
