# **S****tudent Counseling Forms: Permission Slip**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ MCPS ID# \_\_\_\_\_\_\_\_\_\_ Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade level \_\_\_\_\_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone No. \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_ The school Guidance Counselor can provide counseling to students with permission from the parent or guardian. Many students improve their school performance and attitude towards school by taking part in counseling sessions. Information disclosed by the student during counseling sessions is not typically revealed to anyone else, except under certain circumstances (for example, evidence that a student is a threat to self, others, or property). Please sign and have the student return this consent form. This consent for counseling is valid for one school year. Student participation in counseling is strictly voluntary and parent consent to provide counseling to the student may be withdrawn at any time. Parents/guardians are encouraged to contact the school counselor to keep informed about their student’s progress. Thank you for your support in helping your student succeed at school.

□ I do give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive counseling services from the school counselor. (Name of Student)

□ I do not give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive counseling services from the school counselor. (Name of Student)

Parent/Guardian (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

School Counselor Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contact telephone number \_\_\_\_\_\_-\_\_\_\_\_