



LEARNING TO EXCEL
SINCE 1969

Informed Consent for School Counseling Services

Our child _____, has our consent to participate in counseling services, in either a one-to-one or a group setting, provided at the The British School of Milan by the School Counsellor, Dr. Ottavia Musini.

In order to build trust with the child, the school counsellor will keep information confidential with some possible exceptions. We understand that the counsellor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who works with the child on a need to know basis, so that the school may better assist the child as a team. The counsellor is required by law to share information with parents in certain circumstances:

- Presenting a serious danger to self or another person
- Evidence or disclosure of abuse (physically or sexually) or neglect
- Threats to school security
- Criminal or delinquency proceedings are pending

The counsellor will make the child aware of these limits of confidentiality and will inform the child when sharing information with others.

We understand that school counseling services, either individually or in a small group setting, are brief and solution-focused, targeted to the school environment. If our child requires services that are beyond the scope of a school counsellor, the school counsellor will provide us with a list of both internal and external resources.

This consent form is valid until Dr. Ottavia Musini will be the School Counsellor at BSM. We understand that counseling services are completely voluntary. Our child or us can discontinue services at any time.

We understand that we are entitled to ask questions and receive information about methods or techniques used by the counselor and the length of counseling. I am free to seek a second opinion or end counseling at any time.

In the event of a school closure, the BSM school counsellor will offer virtual session (Teams or Zoom).

Child's Name _____

We, _____ and _____, legal parents/guardians of _____, have read, understand and agree to the terms of the School Counselling Informed Consent.

In case of one only legal parent/guardian, please fill in the following statement:

THE BRITISH SCHOOL OF MILAN S.R.L.

I _____, am the legal parent/guardian of _____, I have read, understand and agree to the terms of the School Counseling Informed Consent.

Please check one:

We/I give permission for our/my child to receive individual and/or group counseling services while attending the British School of Milan.

(We/I understand that we/I may withdraw our consent at any time by signing and dating a written note requesting termination of counseling services)

We/I choose to decline school counseling services for our/my child at this time

(We/I understand that we/I may request counseling services at a later date if needed)

We/I give permission for our/my child to receive ONLY group counseling services while attending the British School of Milan.

(We/I understand that we/I may withdraw our consent at any time by signing and dating a written note requesting termination of counseling services)

Legal parent/guardian of the Child _____ Signature _____
(Name and Surname)

Date _____

Legal parent/guardian of the Child _____ Signature _____
(Name and Surname)

Date _____

In case of one only legal parent/guardian, a single signature is requested.

Please send the signed form to the following email account: consentform@bsm.school which is managed by Dr Musini only.