



BEAUFORT COUNTY SCHOOL DISTRICT

Department of Student Services

2900 Mink Point Boulevard

P.O. Drawer 309

Beaufort, SC 29901

(843) 322-5417

Fax (843) 322-5436

PARENTAL CONSENT FOR COUNSELING SERVICES

I, _____, give permission for
(parent/guardian)

_____ to receive individual/group counseling services
(student's name)

from _____ at _____
(School Counselor) (school)

Signature of Parent/Guardian

Date of Signature

WHAT DOES THIS PERMISSION MEAN?

- A South Carolina Certified School Counselor will provide counseling services to the above named student.
- All communications between the School Counselor and the student will be considered confidential with the exception of incidences when State of South Carolina Laws requiring disclosure for the student's protection apply.