

HURST-EULESS-BEDFORD SCHOOLS

PARENT PERMISSION FOR COUNSELING

_____ has my permission to participate in individual and/or group counseling with the school counselor. I understand that counseling will be limited to school related concerns, and may or may not, be on-going in nature. Further, I am aware that the confidentiality of any documentation made by the counselor during counseling may not be protected if examination of student records is required by a court of law. I will contact the counselor if I have any questions.

Parent/Guardian Signature

Phone Number

Date

Grade _____ Home Room Teacher _____



HEB COUNSELORS.....A CARING CONNECTION