



PARENT/GUARDIAN CONSENT FOR COUNSELING

Your permission is requested for **your child to participate** in counseling at DECA Middle School. Counseling is free of charge and is not part of the student’s school record. Information shared during counseling is confidential. However, there are certain situations in which an ethical responsibility limits confidentiality, such as a danger to him/herself, a danger to hurt someone else, or any suspicion of abuse or neglect. This consent is valid until your child is no longer a student at DECA Middle. However, you may terminate counseling at any time.

This consent is valid for individual counseling or group counseling. Examples of small groups include, but are not limited to: grief & loss, social skills, emotional regulation, and study skills.

Feel free to call or message us on Parent Square if you have any questions or concerns.

Sincerely,

“Ms. Martha”
Martha A. Brzozowski, MSW/LISW-S; M. Ed
School Counselor
(937) 343-5597
mbrzozowski@daytonearlycollege.org

“Ms. Tate”
Zakiya Tate, MS, LPC
School Counselor
(937) 949-1788
ztate@daytonearlycollege.org

Student Name _____ Grade _____

By signing this form, I give my informed consent for my child to participate in individual and/or group counseling.

Parent/Guardian Signature

Date