Banning UNIFIED SCHOOL DISTRICT
Prepare, inspire and educate

BANNING UNIFIED SCHOOL DISTRICT
SCHOOL COUNSELING INFORMED CONSENT

Banning Unified School District offers short-term (4-8 weeks), individual and group counseling to students. Parents/guardians or school staff may refer students for counseling, or students may request counseling. For counseling that extends beyond two sessions in a school year or that is planned on a regular basis, parent/guardian permission is to be obtained. This consent form may be returned to the school counseling office or to your child's teacher.

I understand that school counseling services are short-term (4-8 weeks) services aimed at the more effective education and socialization of my child within the school community**. I understand that these services are not intended as a substitute for diagnosis or treatment for any mental health disorder. I acknowledge that it is my responsibility to determine whether additional or different services are necessary, and whether to seek them for my child.**

In order to build trust with the child, the school counselor will keep information confidential, with possible exceptions. Because these services are provided to minor children in the school setting, I understand that the school counselor may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child, on a need to know basis, so that these persons can better assist my child as a team. The counselor is also required by law to share information with parents or others in the event the child is in danger of harm to self or others. The counselor will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. If you would like the counselor to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form and turn it in to the counselor. I understand that I may revoke my consent at any time by contacting the counselor.

Mr. Ryan Diaz Hoffer Elementary School Counselor | rldiaz@banning.k12.ca.us | (951)922-0257 Ext. 231104

Child's Name _____ Grade ____Teacher_____
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:
[ ] I give permission for my child to receive school counseling services with Banning Unified School District. I understand that I may withdraw my consent, in writing, any time after consulting with the counselor regarding risks of premature termination. I also understand that in the event that my student has a crisis, short-term counseling may resume without further written consent.

[ ] I choose to decline school counseling services for my child at this time. I understand that I may request counseling services at a later date if needed.

_____ _____
Signature **Date**