



SCHOOL COUNSELING INFORMED CONSENT
GERMANTOWN MUNICIPAL SCHOOL DISTRICT
Riverdale School

Riverdale counseling department offers short-term counseling to students. Parents/guardians or school staff may refer students for counseling, or students may request counseling.

If a student is dealing with a crisis moment, it is standard protocol for a school counselor to offer support without consent. For ongoing support, consent must be signed.

School counseling services are short-term services aimed at the more effective education and socialization of children within the school community. School counseling services are not intended as a substitute for diagnosis or treatment for any mental health disorder. It is the responsibility of the child's guardian to determine whether additional or different services are necessary and whether to seek them out.

To build trust with the child, the school counselor will keep information confidential, with some possible exceptions. Because these services are provided to minor children in the school setting, the school counselor may share information with parents/guardians, teachers, and/or administrators or school personnel who work with the child on a need-to-know basis, so that we may better assist your child as a team. The counselor is also required by law to share information with parents or others if a child is a danger to themselves, to others, or discloses any abuse as defined by the state of Tennessee. The counselor will make the child aware of these limits to confidentiality and may inform the child when sharing information with others.

We hope that your child will enjoy and benefit from the services that we offer, and we encourage you to contact us whenever you have a question, input, concern, or even an update on your child's progress in counseling.

Sincerely,
Megan Pszonak, Kimberly Bernard, Meredith Robinson, Ethan Langston
Professional School Counselors

Child's Name: _____ Grade: _____ Teacher: _____

By signing below, I understand that I have read and understood the terms of this agreement.
I give permission for my child to participate in:

Individual Counseling Group Counseling Both Individual & Group Counseling

I choose to decline school counseling services for my child

Parent/Guardian Signature: _____ Date: _____

Phone: _____ Email: _____

Concerns about my child:
