SCHOOL COUNSELING INFORMED CONSENT

GERMANTOWN MUNICIPAL SCHOOL DISTRICT

FARMINGTON ELEMENTARY SCHOOL

Farmington Elementary School offers short-term individual counseling to students. Parents/guardians or school staff may refer students for counseling, or students may request counseling.

It is standard protocol that if a student is in a crisis situation a counseling staff member may offer support without consent but for any type of ongoing support, consent must be signed.

I understand that school counseling services are short-term services aimed at the more effective education and socialization of my child within their 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 out for my child.

In order 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, I understand 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 in the event that their 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. If you would like the counselor to share information with a third party, such as a community counselor, psychiatrist, or pediatrician, you will need to sign an additional release of information form.

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.

Elicia Thompson
School Counselor
elicia.thompson@gmsdk12.org
901-757-6068

Maddie Hopkins
School Counselor
sara.hopkins@gmsdk12.org
901-757-6065

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 chose to decline school counseling services for my child at this time.

Parent/Guardian Signature: _____ Date:_____

Phone: _____ Email: _____

Concerns about my child:

_____

_____

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