STUDENT COUNSELING CONSENT FORM FOR PARENT/GUARDIAN

I DO NOT give permission for my child,_____

to participate in any counseling at St. Francis of Assisi Elementary School with the School Social Worker and/or social work intern under the supervision of the school social worker.

Because counseling is based on a trusting relationship between counselor and student, the counselor will keep information shared by the student confidential except in certain situations in which an ethical responsibility limits confidentiality. If your child participates in our school counseling services, you will be notified under the following circumstances:

- **The student reveals information about hurting himself/herself or another person.**
- **The student or another person may be in physical danger.**

By signing this form, I DO NOT give my informed consent for my child to participate in counseling at St. Francis School.

Parent/Guardian_____

Date_____