



SANTA FE HIGH SCHOOL

16000 HIGHWAY 6, SANTA FE, TEXAS 77517 - 409-927-3100

WELLNESS CENTER CONSENT FORM

Consent for Counseling of a Minor

I (Parent/legal guardian)_____ give my consent for the Santa Fe Wellness Counselor(s) to conduct counseling and/or group counseling with (student name)_____, Grade_____.

My relationship to the client (parent, uncle, granparent, legal guardian, etc)_____.

I have been informed of the limitations of confidentiality in the Policies and General Information Agreement for Counseling Services Form, which I have read and signed. In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept the Wellness Counselor's judgement in regard to releasing or sharing information obtained during the course of counseling with the minor that may harm or jeopardize the student's wellbeing.

By signing below, I confirm that I am legally authorized to give consent for counseling for the above-named student.

Parent/Guardian Name
(print)_____ Signature_____ Date_____

Student Name_____ Student Email_____ Student Cell_____

Parent/Guardian phone_____ Parent Email_____

TRIBE TIME:

I understand and acknowledge that my student may voluntarily participate in a Tribe Time group facilitated by a Wellness Counselor. These groups are designated as “drop-in” or “open” groups, meaning that student attendance may vary from session to session. I understand that the number of groups offered each week may vary and that there may be multiple groups, one group, or no groups available during any given week. Participation is subject to availability, and each group is limited to a maximum of eight (8) students; therefore, participation in a particular session is not guaranteed. I understand that these groups are intended to provide peer support, connection, and a supportive environment and are not intended to constitute or provide therapeutic or clinical services. Students are not required to share personal or confidential information and will not be required to speak or participate verbally. I further understand that if my student is failing a class or requires additional academic support, priority will be given to teachers requesting that my student attend tutoring or other academic support until the student is again meeting passing requirements. By signing below, I acknowledge that I have read and understand the terms of this agreement and consent to my students’ participation in Tribe Time Wellness Groups as described above.

Parent/Guardian Name: _____

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

**Please fill out and sign both sides and return to the
Counseling office at SFHS.**

409-927-3114

Updated: 8/18/2026

Policies and General Information Agreement for Counseling Services
CONFIDENTIALITY: All information disclosed within sessions, and the written records

WWW.SFISD.ORG

pertaining to those sessions are confidential and may not be revealed to anyone without written permission except where disclosure is required by law.

WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW: Some of the circumstances where disclosure is required, or may be required, by law include; (a) if there is a reasonable suspicion of child, dependent, or elder abuse or neglect; (b) if a student presents a danger to self, to others, to property; or (c) if a student's family member communicates that the student presents a danger to self or others. Disclosure may also be required pursuant to a legal proceeding by, or against, the student. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the counseling records and/or testimony by the Wellness Counselors. The Wellness Counselors will use their clinical judgement when revealing such information. The Wellness Counselors will not release records to any outside unless they are authorized to do so.

THE PROCESS OF COUNSELING/EVALUATING AND SCOPE OF PRACTICE: Participation in counseling may result in a number of benefits, including improving interpersonal relationships and resolution of the specific concerns that led to seek counseling. Working toward these benefits, however, requires effort on all parties involved. Counseling requires active involvement, honesty, and openness in order to encourage change of thoughts, feelings and/or behavior. The Wellness Counselors will ask for feedback and views on counseling, its progress, and other aspects of the counseling and will expect open and honest response. Sometimes more than one approach may be helpful while working through a specific situation. During evaluation or counseling, remembering or talking about unpleasant events, feelings, or thoughts may result in experiencing feelings of anger, depression, fear, anxiety, etc. The Wellness Counselors will work with the student to provide a plan of action and goals. The student will work closely with their wellness counselor to achieve their personal goals. The Wellness Counselors are trained in and utilize evidence-based therapy techniques. If specific techniques are assessed to be beneficial to treatment such as ART (Accelerated Resolution therapy) or EMDR (Eye Movement Desensitization and Reprocessing) a separate informed consent form will be necessary. The student will also have access to the calming room located inside the Wellness Center. The time spent in the calming room will be monitored as to not impact the student's schoolwork , attendance and grades. The student will use their established coping skills while using the calming room. Counseling services will be provided during school hours and the student will receive an excused absence for the class period(s) missed, however the student is responsible for any missed work and communication with the teacher(s). The Wellness Counselors cannot provide custody evaluation recommendation, medication prescription recommendation, or legal advice; as these activities do not fall within their scope of practice. I have read the above Policies and General Information Agreement for Counseling Services carefully; I understand them and agree to comply with them:

Guardian's Name
(print) _____ Signature _____ Date _____
Secondary Guardian's Name (print) (If applicable) _____
Signature _____ Date _____