

Parent Consent for Counseling Services Form

Please complete, print, and sign this form to grant permission for your child to receive counseling services.

Student Information

Student Full Name:

Date of Birth:

School Name:

Grade Level:

Teacher/Homeroom:

Parent/Guardian Information

Parent/Guardian Full Name:

Relationship to Student:

Phone Number:

Email Address:

Consent and Services Agreement

By signing below, I acknowledge and agree to the following:

- I give consent for my child to participate in school-based counseling services.
- I understand that these services are designed to facilitate my child's academic, social, and emotional development.
- I understand that counseling information is kept confidential, except in circumstances required by law (such as potential harm to self or others, or suspected abuse/neglect).
- I understand that I may withdraw this consent at any time by providing written notice to the school counselor.

Authorization and Signatures

Please sign and date below to confirm your consent.

Parent/Guardian Signature (Printed Name):

Date Signed: