

Parent/Guardian Permission for School Counseling Services

Date _____

School _____

Student _____

Grade _____

To the parent/guardian of _____,

As a part of every student's school experience in grades K – 12, school counselors routinely discuss issues related to academic planning and progress as well as personal/social development and career decision-making issues. Occasionally it is necessary to do follow-up with students individually or in groups on any of these issues. The Utah Family Educational Rights and Privacy Act (Utah Code 53A – 13 – 301/302) and Protection of Pupil Rights Amendment 20 U.S.C.1232 g. requires school district personnel to have your consent prior to on-going counseling sessions with your student.

Confidentiality for a student is important to us, but we must report:

1. Harm to self or others

This could include things like a suicide attempt or plan, cutting or other self-injury, eating disorders, addictions, fighting or other physical violence, illegal behaviors, threats, etc. -- anything that puts the health and safety of any student at risk.

2. Abuse or neglect

If a student talks with one of us about abuse (physical, emotional, verbal, sexual, or other abuse) of a minor, we are required by law to report it to Child Protective Services and possibly the police.

3. Court or other legal proceedings

By law, if we are subpoenaed (required by law to attend a hearing or other court proceeding), we cannot guarantee that student information will be kept confidential.

I would like to provide your child with school counseling services. If there is ever a need to reveal information, we will let the student know in advance, and work with him/her to handle the situation in a respectful way.

Please check only **ONE** of the items below:

☐ I give consent for my student to participate in school counseling services as outlined above immediately and thereby waive the 2-week waiting period.*

☐ I give consent for my student to participate in school counseling services as outlined above but would like the services to begin 2 weeks from the above date.*

☐ I do NOT give consent for my student to participate in the school counseling services as outlined above at this time.

I have read and I understand the guidance department's confidentiality guidelines and exceptions.

Student Signature

Date

Parent/Guardian

Telephone Number

Date

If you should need further information, or have questions or concerns, please call me:

School Counselor

Telephone Number