

# PERMISSION FOR MY CHILD TO SEE THE COUNSELOR

---

Program For Counseling in Schools  
Taylor Cruz, MA  
MFT Registered Associate. #107566  
Supervisor: Jackie Reckas MFC33679

## My Child(ren): First name, last name and grade

---

I give permission for my child(ren) named above to meet with the school counselor, Taylor Cruz at St. Joseph School. I understand my child may choose to see the counselor during school hours and the child's teacher may refer my child to visit the counselor; contact with you will be made prior to ongoing visits. If I am aware of an issue I would like my child to explore, I may contact the school and ask the school counselor to see my child.

There are many reasons why children choose to see the school counselor and why teachers and parents refer students to the counselor. Some children may be referred because they do not seem happy, well adjusted or living up to their full potential at school. They may be struggling academically or socially or their behavior could be leading staff members to believe they may need some additional support.

I understand what my child says in counseling is confidential, within the laws of counseling confidentiality. These laws and policies will be reviewed with all counseling participants. I give the counselor permission to give my child's teacher and/or principal necessary information to assist my child. The counselor is only providing suggestions of how to help my child.

In signing this permission form, I attest I am the legal guardian or parent of my child and I have the right to grant this permission. If I do not have the right to grant permission or if I share custody of this child with another person I will check the first line below:

Mark the line below that applies to your family status and willingness for counseling:

I share Legal custody of my child with: \_\_\_\_\_

\_\_\_\_\_ (Name and phone number)

I GRANT PERMISSION AND I ATTEST I HAVE FULL LEGAL RIGHTS TO DO SO.

I do NOT want my child to see the counselor individually. However I understand the counselor may work with my child's classroom as a whole or with a group of children at the teacher's or principal's request. If an emergency arises, my child may be asked to see the counselor for one session regarding the emergency.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print your name and relationship to child: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_