



## INFORMED CONSENT FOR SCHOOL-BASED COUNSELING

As the parent and/or guardian of the student named below, I give consent for the school-based mental health team to provide counseling services to my student at school on an as-needed basis.

Counseling services may include individual or group counseling and typically consist of working on building skills to be more successful in school, such as anger management, coping skills training, problem-solving, self-regulation and building social-emotional skills.

I understand that this consent is good for one academic school year. It can be revoked in writing at any time by myself and the counseling services will be discontinued.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

If you have questions, please reach out to a school based mental health team member at

\_\_\_\_\_.