

Parent/Guardian Counseling Consent Form

Your permission is requested for your child, _____, Grade _____, to participate in counseling at Wellsprings Saigon International Bilingual School with the school counselor and/or counseling intern.

Our school counselor is Mr. Morris. He has a Master's Degree in School Counseling and many years of experience as a School Counselor. Mr. Morris is a member of the American School Counselor's Association.

Counseling is based on a trusting relationship between the counselor and the student, because of this, Mr. Morris will keep the information shared by the student confidential, except in certain situations in which ethical responsibility limits confidentiality. You and the school administration will be notified immediately if:

1. The student reveals information about hurting himself/herself or another person.
2. The student or another person is in physical danger.

Other than those two situations, the content of any counseling session with your student will be held confidentially. You, as a parent, may want to talk with the counselor about your son/ daughter and this type of meeting can be arranged. No specifics about counseling sessions will be given unless your son/daughter has given the counselor specific permission to share this information. Otherwise the Counselor will talk generally about your child without specifics given. Confidentiality also applies to what the Counselor will tell the classroom teacher or school administrators.

Your son/daughter is being referred to Counseling Services by me, _____.
I am his/her classroom teacher for _____

By signing this form, I give my informed consent for my child to participate in counseling activities and I agree to the confidentiality of counseling sessions. I understand that counseling session may be held individually or in small groups.

This consent form will be on file throughout the time your child attends Wellsprings Saigon International Bilingual School. You may revoke this consent at any time. Please feel free to contact the referring teacher or school counselor, Mr. Morris, if you have any questions.

Parent/Guardian _____ Date _____