COUNSELING PERMISSION FORM
ST. PERPETUA SCHOOL

Child(ren)'s first and last name(s): _____

_____

I give my permission for my child(ren), named above, to meet with the school counselor, Mrs. Bacher. I understand that I am giving my written consent. I understand that I have the right to information about the general progress of my child(ren)'s counseling at school. Also, I understand that information about my child's counseling, including the fact that my child has worked with the counselor will NOT be included in my child's pupil record. I understand the counselor will protect the confidentiality of what is said by my child or me to the counselor. The State of California names several exceptions to the right of confidentiality that all educators must abide by. The exceptions for when counselors do not hold information as confidential are:

1) If information is revealed about child abuse or neglect
2) If information is revealed about elder or dependent adult abuse
3) If a child reveals information about being a danger to others, or knows of a plan to cause significant harm to a person or property
4) If a judge orders the counselor to release information to the judge involving a child in a court case
5) If a parent signs a release to allow the counselor to reveal to, or receive specific information from another professional to better understand the child

I understand that the teacher needs to know that my child is visiting the counselor but not the nature of the visits unless I authorize such information to be given. I also understand that the St. Perpetua School principal will need to know that my child is working on certain issues only when those issues involve behavior that is affecting others at school. She will be given only general information unless I authorize additional information to be given or the above exception to confidentiality exists and safety issues are at stake.

In signing this permission form, I attest that I am the parent of my child(ren) or the legal guardian with the right (i.e. legal custody) to grant this permission.

Please initial one of these three options:

_____ I give permission for my child(ren) to see the counselor.

_____ I give permission for my child(ren) to see the counselor if I am contacted first.

_____ I do not want my child(ren) to see the counselor individually. However I understand that the counselor may work with my child's classroom as a whole or with a group of children at the teacher's request. Also, if an emergency arises, my child may be asked to see the counselor for one session regarding that emergency.

Parent(s) Signature:_____ Date: _____

Parent(s) Printed Name: _____

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For more information, please contact Kelli Bacher at 925-284-1640 or kbacher@csdo.org