

Parental Consent Form

This form is intended to provide you with important information about the counseling relationship and you and your child's rights and responsibilities. Feel free to contact the school counselor with any questions that you may have regarding this form.

Confidentiality is a key feature of the counseling experience. The information discussed during the counseling meetings will not be shared with anyone, except in situations required by law. These situations are described below:

- In the case that your child's school counselor feels that your child is in danger of harming him/herself or others, the counselor is required to take action. Every effort will be made to work with you and inform you first in such a case.
- Instances of sexual or physical abuse or neglect of a minor or elder are brought to light, Montana state law requires the school counselor to report this information to the proper authorities or assist you in making such a report.
- If counseling records are court ordered, the school counselor will attempt to contact you first.

In regards to counseling with minor children: although the information shared during a counseling meeting is confidential, parents/guardians have a right to be informed of their child's general progress.

If you have further questions about the information in this form, the counseling relationship, or your child's progress, please contact the school counselor at 728-2400 *4510 during school hours.

I have read the above information and hereby give my consent for my child to participate in counseling services. I also understand that I can revoke my consent in writing at any time.

Student name _____

Parent name _____

Parent / Guardian Signature: _____

Date