

## **COUNSELLING CONSENT FORM**

## A. STUDENT INFORMATION

Name:			DOB: / /	
	Last	First	MM DD YY	
School: _				

## **B. CONSENT TO SERVICE**

The school counselling program offers supportive counselling for students experiencing difficulties at home or at school. This program assists students by offering individualized counselling sessions and assists families by acting as a liaison between the school, family and any other community agencies that may be involved. This is done in an effort to offer coordinated services to support both the student and the family.

Participation in this program is voluntary. Participants have the right to withhold, give or revoke consent at any time.

Any information received in counselling sessions is considered confidential and is subject to the guidelines of FOIPPA. Any information received will only be released with your written and/or verbal consent or if required by law. These situations include:

- ➤ Risk to self or others
- Involved in criminal activity
- ➤ Issues of abuse or neglect

By signing this form, you are indicating your consent for your child to receive services from the school counsellor at their school. You are also acknowledging that issues relevant to school programming may be discussed with appropriate school personnel on an "as need" basis.

I grant permission for my	/ child	to work with
i grant permission for m	y china _	

School Counsellor, Greater St. Albert Catholic Schools.

Signature of Parent/Legal Guardian