

CONSENT FOR COUNSELING MINOR CHILDREN

St. Agnes School, Concord, CA

2025-26 School Year

My son/daughter's name: _____ **Grade:** _____

I give my permission for my son/daughter, named above, to meet with the counselor at school, or meet online using a HIPPA compliant website.

I understand that counseling services offered through the school are primarily short-term aimed at the more effective education and socialization of My Child within the School community. I understand that these services are not intended as a substitute for emergency psychological intervention, nor do they take the place of permanent, long-term, or comprehensive psychological counseling, therapy, or medication, which are not the responsibility of the school. I acknowledge that it is my sole responsibility to determine whether additional or different services are necessary, and whether to seek them for My Child.

I understand that my son/daughter may choose to see the counselor during school hours, and I also understand that my son/daughter's teacher or principal may refer for counseling, and that I as a parent may refer my child for counseling. Some of the counseling may be in a group setting.

The counselor is also available to meet with parents regarding any questions or concerns.

The counselor and classroom teacher will work collaboratively to make every effort to arrange a time that will minimize disruption to academic time.

I understand that what my son/daughter says in counseling is confidential. I also understand that in the following situations, information from a counseling session may be disclosed to:

1. A child protection agency to report any incident of suspected child abuse.
2. The principal, if in the judgement of the counselor disclosure is necessary to avert potential danger or harmful behavior to him/herself or others.
3. I also give the counselor permission to give feedback to my son/daughter's teacher or principal about issues which arise during the course of a counseling session that could help the teacher serve my son/daughter better.

Any questions or concerns please call St. Agnes School at 925-689-3990 and ask for JoAnne Layton. I am here on Thursdays and Fridays. In signing this Permission Form, I attest that I am the legal guardian or parent of my son/daughter and that I have the right to grant this permission.

Parent/Guardian signature and phone

Date

Parent/Guardian signature and phone

Date