

# HILLDALE PUBLIC SCHOOLS

313 E. Peak Blvd  
Muskogee, OK 74403  
(918) 683-0273

## Consent for School Counseling Services

Child's Name \_\_\_\_\_

### Introduction

Hilldale Public Schools is committed to providing quality education to its students. Therefore, the focus of the counseling program is to help students better understand the world they live in and make better decisions that help them live functional lives.

### Provisions of Services

It is necessary to obtain annual parent/guardian written permission for individual/group counseling that is planned on a regular basis. Services include: intake assessment, short-term individual counseling, crisis intervention, and referrals as needed. I understand that school counseling services are 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 psychological counseling, diagnosis, or medication, which are not the responsibility of the school. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

### Benefits/Risks

I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve my child's ability to relate with others, provide a clearer understanding of himself/herself, along with values, goals, and an ability to deal with everyday stress. I understand that counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on my child and his/her relationships.

### Confidentiality

In order to build trust with the child, the school counselor will keep information confidential with some possible exceptions. I understand that the school counselor may share information with: the child's parents/guardians, the child's teacher, and/or administrators or school personnel who work with the child on a need to know basis, so that we may better assist the child as a team. The school counselor is required by law to share information with parents or others in certain circumstances:

- Presenting a serious danger to self or another person
- Evidence or disclosure of abuse (physically or sexually) or neglect
- Threats to school security
- Criminal or delinquency proceedings are pending

The school counselor will make the child aware of these limits of confidentiality and will inform the child when sharing information with others. If you would like the school counselor to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

**Contact**

I understand that I am entitled to ask questions and receive information about methods or techniques used by the school counselor and the length of counseling. I am free to seek a second opinion or end counseling at any time.

Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_.

I have read, understand, and agree to the terms of the School Counseling Informed Consent.

**Please check one:**

\_\_\_\_ I give permission for my child to receive individual and/or counseling services, for school year \_\_\_\_\_, while attending Hilldale Public Schools.

*I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.*

\_\_\_\_ I choose to decline school counseling services for my child at this time.

*I understand that I may request counseling services at a later date if needed.*

Custodial Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone: Daytime phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_