

St. Gabriel Consolidated School

Hamilton County ESC Wellness Counseling Informed Consent – pg. 1

Parents/guardians or school staff may refer students for a counseling session, or students may request counseling.

For counseling with students, parent/guardian permission is to be obtained (except in situations in which a child is judged to be in immediate harm to his/herself or others).

The second page of this consent form may be returned to your child's teacher.

I understand that school counseling is a short-term service 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 diagnosis or treatment for issues related to mental health. I acknowledge that it is my responsibility to determine whether additional or different services are needed and whether to seek them for my child.**

In order to build trust with the student, information will be kept confidential with some exceptions. Because these services are provided to minor children in the school setting, I understand that the school may share information with parent/guardian, the child's teacher, and/or administrators and 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 is also required by law to share the information with parents or others in the event the child is in danger or harm to self or others. The school will make the child aware of these limits to confidentiality and will inform the child when sharing information with others. If you would like the school to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, we would ask that you sign an additional release of information.

Please contact me whenever you have questions or concerns.

Stephanie Brown, MSW, LSW

Mental Wellness Specialist and Consultant

Hamilton County Educational Service Center

St. Gabriel Consolidated School (Fridays)

St. Gabriel Consolidated School

Hamilton County ESC Wellness Counseling Informed Consent – pg. 2

Student’s Name: _____ Grade: ____ Teacher: _____

I, _____, am the legal parent/guardian of _____.

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

Please check one:

I give permission for my child to receive brief counseling services on an as needed basis at St. Gabriel Consolidated School for the 2023-2024 school year. 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 counseling services for my child at this time. I understand that I may choose to request counseling services at a later date if needed.

Parent/Guardian (Signature)

Date

Phone

Email

Reason that a counseling session is being requested: