

PARENT PERMISSION FORM FOR STUDENT COUNSELING

My child, _____, has my permission to attend individual/group counseling with the school counselor effective immediately. This permission is in effect for this school year ending June, 2025.

I understand that I may contact the school counselor or school staff at any time to discuss my child's progress in the counseling program. By signing this form, I acknowledge receipt of the Counseling Information Form, which states the reason(s) my child was referred to the counseling program. *Please detach the bottom half of this document that includes the counselors' contact information for your records.*

Please sign and return this form to the teacher at your earliest convenience.

Parent's Signature _____ Date _____

Parent's Name _____ Teacher Name _____
(please print)

Cell Phone Number _____ Work Phone Number _____

Email _____

Comments for Counselor: _____

PLEASE KEEP THIS BOTTOM PORTION FOR YOUR RECORDS

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