

# 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, 2024.

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:** \_\_\_\_\_

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**PLEASE KEEP THIS BOTTOM PORTION FOR YOUR RECORDS**

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