



DIOCESE OF BROWNSVILLE CATHOLIC SCHOOL OFFICE

(956) 787-8571

Date: _____
School: Our Lady of Sorrows

PARENTAL PERMISSION FOR COUNSELING

My child, _____
(Please print)

has my permission to participate in counseling with the School Counselor,

Lucinda M. Garcia, M.Ed.

I understand that my child may withdraw from counseling at any time, although a termination period of two to three sessions is recommended for the transition. I understand that all sessions are confidential except under the following conditions: 1) the person directs the counselor to tell someone; 2) any indication of physical harm to self or others; 3) any indication of sexual or physical abuse of a minor; and/or 4) court mandated disclosure.

_____ (Initial)

INFORMED CONSENT

As your child's counselor, I will keep confidential what the child says and does in his/her counseling sessions except as noted above. The parent/guardian will be informed about how the child is doing and will be given information deemed important to the child's well being. Parents/Family are encouraged to become active participants in the counseling process and are viewed as the child's best and foremost support system.

As your child's counselor, I will conduct all counseling sessions and myself in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding counseling goals. If you have any questions, please feel free to ask. Please sign and date this form signifying your understanding and consent to counseling services for yourself or for your child.

Parent/Guardian Signature: _____ Date: _____

(PRINTED NAME)

Phone(s): H: _____ W: _____