

RCA PERMISSION FOR MY CHILD TO SEE SCHOOL COUNSELOR

My child(ren)'s last names: \_\_\_\_\_

My child(ren)'s first names: \_\_\_\_\_

Teacher name and grade: \_\_\_\_\_

I give permission for my children, who are named above, to meet with the school counselor at the school. I understand that my child may choose to see the counselor during school hours and I also understand that my child's teacher or principal may refer my child to visit her. Also, if I am aware of an issue that I would like my child to explore with the counselor, I may phone the school and ask that the counselor see my child.

There are many reasons why children choose to see the counselor and why teachers and parents refer students to see the counselor. For example, some children may be referred because they do not seem happy or well-adjusted at school. Others may be referred because their teacher feels they are not fulfilling their potential academically or socially.

I understand that what my child says in counseling is confidential, within the laws of counseling confidentiality. I give the counselor permission to give my child's teacher general feedback about issues or plans that could help the teacher serve my child better. I understand that the counselor will not give the teacher direct information about what my child discusses with her; she will only give the teacher suggestions about helping my child.

In signing this Permission Form, I attest that I am the legal guardian or parent of my child, and I have the right to grant this permission. If I share legal custody of this child with another person, I will note that by checking below.

<p>_____ <b>I give permission</b> and I attest that I have legal right to do so.</p> <p>_____ <b>I do not</b> want my child/children to see the counselor individually. However, I understand that the counselor may work with my child's classroom as a whole or with a group of children at the teacher or principal's request. Also, if an emergency arises, my child may be asked to see the counselor for one session regarding that emergency.</p>
--

Signed by parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

\_\_\_\_\_ I share legal custody with my child's/children's other parent. Their name and contact information is: \_\_\_\_\_