CATHOLIC CHARITIES
FORT WAYNE + SOUTH BEND

St. Anthony de Padua
Catholic School • Established 1949

CONSENT FOR IN-SCHOOL SERVICES BY COUNSELOR

As the parent/legal guardian of _____, a student at **St. Anthony de Padua Catholic School**, I consent to my student meeting with the counselor who comes to the school. I understand that while the services provided by the counselor were recommended to help my child with issues that may be affecting school performance, if my student chooses to talk about certain issues, then it may also result in my student feeling uncomfortable at times. I understand that the counselor knows this, and that if the counselor thinks it is necessary, will help my child, and I decide if this service should continue, focus on something else for a while, stop for a while, or seek other forms of treatment. I understand that I may talk with the counselor if I have any questions, and that while the counselor will maintain confidentiality, I will be informed of any issues of which the counselor becomes aware that might pertain to the safety of my child. I understand that I may withdraw this consent at any time by notifying the school counselor in writing of that decision. I understand that the cost of the service provided in the school, to my child, is covered by the school.

Student's Name: _____ Grade: _____ DOB: _____

Race/Ethnicity: _____ Religious Preference: _____

Reason for counseling: _____

☐ My student doesn't need regular counseling; however, he/she has my permission to meet with the counselor as needed. I understand that the counselor or school will keep me informed of any needs that present themselves.

Parent Printed Name: _____

Address: _____

Phone: _____ Email: _____

Parent Signature: _____ **Date:** _____

Hannah Swift, MSW Student
Catholic Charities: 574-234-3111 or (574) 376-2242; hswift@ccfwsb.org

Counselor's Signature: _____ Date: _____