



# ARCHDIOCESAN CATHOLIC SCHOOL CONSENT FOR INITIAL COUNSELING SERVICES

Archdiocese of Washington – Catholic Schools

All parents or guardians of Archdiocesan Catholic school students must read and sign this form to acknowledge and consent to initial school counseling services that may be rendered to students by school or archdiocesan personnel in the event of a crisis, referral, or some other school-related matter during the school day. This document does not serve to enroll a student in on-going school counseling services or to permit on-going school counseling services.

## Acknowledgment and Consent

I, \_\_\_\_\_ acknowledge and consent to  
*Print Your Name*

counseling services that may be rendered to \_\_\_\_\_  
*Print Student's Name*

(the "Student") by school or archdiocesan personnel in the event of a crisis, a referral, or some other school-related matter occurring throughout the school day. I understand that I will be notified if such services are rendered.

I understand and acknowledge that counselors will not share confidential information with others except when authorized school personnel have a legitimate, educational need to have the information; when a student intends to harm himself/herself or another individual; when necessary to prevent clear and imminent danger; when a parent of a student or an emancipated student provides a written statement authorizing the release of information; or in other situations as required by law.

When necessary and appropriate, school counselors may make a referral to outside resource(s). I understand that counselors will make their best efforts to inform me of applicable resources and will provide reasonable assistance in making the transition to minimize interruption of counseling services.

I, hereby, acknowledge and consent to initial counseling services for my child and agree to fully collaborate with the school counselor and the school administrators when necessary.

Name of Parent/Guardian: \_\_\_\_\_  
*Please Print*

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
*Sign Your Name* *Today's Date*