



St. Bruno School
Authorization for Counseling Services

Family Name _____

Student name _____ Date of birth _____

Student name _____ Date of birth _____

Student name _____ Date of birth _____

Student name _____ Date of birth _____

As parents/legal guardian of the aforementioned student(s), I/we consent to allow my/our son/daughter(s) to seek counseling and/or guidance services provided on site by St. Bruno's School Psychologist. The service is free of charge to parents. St. Bruno School will provide the time and appropriate setting in which services may be confidentially administered.

By giving consent, I am making these services available to my child should he/she need assistance on an interim basis. I am aware that this service is intended to accommodate the immediate concerns and crisis situations which may be presented by students and does not in any way include on-going counseling or psychotherapy of any sort. I am also aware that this specific service is intended to assist students with current interpersonal difficulties and peer relations while operating from a conflict resolution and problem solving position. Individual/group counseling will be provided on a short-term basis, as needed.

This consent form will become effective immediately, upon its return to the school office. If not revoked by parents during the school year, it will remain in effect until such time that revocation is expressed in writing by the parent(s) or guardian. I am fully aware that certain State and Federal regulations protect the confidentiality of the information revealed by my child. These regulations also require that I voluntarily and knowingly sign this document before any consultation can take place between the provider and my child.

Parent(s) or Guardian(s) Signature(s): _____

Date: _____