



School: _____

Date: _____

Parent/Guardian Permission for Counseling Services

Student: _____

Student #: _____

Parent/Guardian: _____

Phone#: _____

Grade/Teacher: _____

As a parent/guardian of _____, I understand by signing below, individual and/or group counseling services will be provided on an as available basis. An established schedule of service may vary by individual need.

By signing, you understand support services will be provided only as they relate to educational performance, not as comprehensive treatment for any psychological conditions/issues.

***Parental consent not needed if the situation is an emergency.**

Under the Utah Code Ann. 53A-13-301 and 53A-13-302 of the Utah Family Education and Privacy Act, school district personnel are required to have your consent as parent or legal guardian if information is sought from your child concerning the following issues:

- political affiliations or political philosophies (except as provided under Utah Code 53A-13-101-1 or rules of the State Board of Education);
- mental or psychological problems;
- sexual behavior, orientation, or attitudes;
- illegal, anti-social, self-incriminating, or demeaning behavior;
- critical appraisals of individuals with whom the student or the family member has close family relationships;
- religious affiliations or beliefs;
- legally recognized privileges and analogous relationships, such as those with lawyers, medical personnel, or minister;
- income, except required by law

Please initial only **ONE**, of the items below:

_____ **I DO** give permission for my student to participate in counseling services as outlined above and I agree to waive the two week waiting period so counseling services may begin **immediately**.

_____ **I DO** give permission for my student to participate in counseling services as outlined above, but I want to wait two weeks before my student participates.

_____ **I DO NOT** give permission for my student to participate in the school counseling services as outlined above at this time.

Service providers have a responsibility to inform an appropriate administrator of any information that concerns potential problems or at-risk. Information concerning life threatening situations will be shared with the parent and appropriate school personnel without delay. Information gathered from an interview or counseling meeting may be shared with the administrator or other school personnel on a need-to-know basis. State law requires information suggestive of child abuse must be reported to the appropriate governmental agency. This permission is valid for the current school year unless a written withdrawal of authorization is submitted to administrator or service provider.

Parent Signature

Date

*Parents who would like more information may contact the school, either prior to or after the services are provided.

☐ SST form has been completed and parent/guardian has received a copy