

Counseling Services Parent Consent Form

Student Name

Grade

Date of Birth

Parent/Guardian Name

Consent

I, the undersigned parent/legal guardian, give my consent for my child to participate in the counseling services provided by the school. I acknowledge that the purpose, nature, and possible benefits and risks of counseling have been explained to me.

Parent/Guardian Contact Number

Parent/Guardian Email

Additional Comments or Concerns

Parent/Guardian Signature

Date
