

# Parent Consent Form for Student Counseling Services

## Student Information

Student Name

Date of Birth

Grade/Class

## Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email (if applicable)

## Consent

I, the undersigned, hereby give consent for my child to receive counseling services provided by the school counselor. I understand the purpose and nature of these services and acknowledge that information shared during sessions will be kept confidential except in cases where disclosure is required by law.

Additional Notes (optional)

Parent/Guardian Signature

Date