

## COUNSELING PERMISSION FORM

I, \_\_\_\_\_, give permission for my child,  
(Parent's name)

\_\_\_\_\_, to see Mrs. Thompson from  
(Student's name)

Jackson Elementary School.

By signing this form, I am indicating that I understand everything in the attached letter and on this form. I understand this is a voluntary activity, and I may discontinue it at any time.

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Whatever your child shares with the counselor is considered confidential information. Only in the following rare circumstances would the counselor be required to release confidential information:

- If the child gives serious indications that she/he is likely to harm self or others.
- If the child indicates she/he is being abused.
- If a court order is given.

These exceptions are ethical and legal requirements in the State of Washington, which are meant to protect your interests and the interests of others.

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My signature below indicates my understanding of and acceptance of the basic conditions described in this Counseling Permission Form

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Date)