

PARENTAL CONSENT FORM

Dear Parent/Guardian:

My name is Nealy Hamson and I am the school counselor at Galatia Unit 1. During the course of the year, students often come to me to discuss topics such as grades, schedules, social/emotional concerns or career plans. The purpose of this document is to obtain consent for me to meet with your child.

You, as the parent of a minor child, have the right to be included in the counseling process and to be kept informed as to your child's progress toward counseling goals. However, school counselors must balance the parents' rights to be informed with the client's right to privacy. The school counselor must use his/her professional judgement on these matters, but I will do my best to keep parents involved and informed as deemed necessary.

According to the law, client information is confidential and will not be released without parent/guardian (or students age 18 or older) authorization. The limitations or exceptions to client confidentiality are as follows:

1. If your child states that he/she wants or intends to do to harm to himself/herself.
2. If your child states that he/she wants or intends to do harm to others.
3. If your child states that an adult has harmed him/her.
4. If your child reports suspected abuse or neglect.
5. If employees of the school district are court-ordered to release information.

School counselors focus on personal/social development, academic achievement, and career development of students. When I meet with your child, we may discuss personal and social issues, their grades and academic progress in their classes, class schedules, or college and career plans.

To contact the counselor with questions or concerns, you may call (618)268-4194 or email at nhamson@galatiak12.org

- I acknowledge that I have received, read and understand the consent for counseling services form.
- I have had an opportunity to ask questions and receive answers.
- I do hereby consent to allow my child to take part in counseling services by the school counselor named above.

My signature on this document shows that I understand and agree with the above conditions and statements.

Student/Client Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____