



**COUNSELING CONSENT FORM
2010 - 2011**

Child's Name & Grade: _____

Child's Name & Grade: _____

Child's Name & Grade: _____

Child's Name & Grade: _____

Please check one of the following options:

_____ My child(ren) has/have permission to see the counselor. I understand that the counselor will attempt to contact me after meeting with my child one time.

_____ I would prefer that my child(ren) did not see the counselor at anytime.

Parent Signature _____

Please print, sign and return this completed form to the office by July 19, 2010.