

Parent Guardian Consent Form

Your permission is requested for your child, _____
to participate in counseling at West Rusk Elementary with the school counselor.

Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by the client confidential except in certain situations in which an ethical responsibility limits confidentiality. You will be notified under the following circumstances:

1. The student reveals information about hurting himself/herself or another person.
2. The student or another person may be in physical danger.

By signing this form, I give my informed consent for my child to participate in counseling. I understand that anything that my child shares will be kept confidential except in the about-mentioned cases.

Parent/Guardian _____ Date _____

This consent will be on file throughout the time that your child attends West Rusk Elementary School. You may revoke this consent at any time. Please feel free to call me if you have questions or comments, 903-392-7855. I will be happy to talk with you.

Sharon Keith
School Counselor
West Rusk CCISD

