

Counselling Consent Form

A **counselling consent form** sample for school counselors is an essential document that ensures parents and students understand the counseling process and agree to participate. This form outlines the goals, confidentiality, and procedures, promoting transparency and trust. Utilizing a clear consent form helps maintain ethical standards and protects the rights of all parties involved.

Student Information

Name of Student:

Date of Birth:

Grade/Class:

Parent/Guardian Information

Name of Parent/Guardian:

Contact Number:

Email Address:

Purpose of Counseling

The purpose of school counseling is to provide support for students in areas such as academics, social/emotional development, and career planning. Sessions can help address specific challenges, enhance well-being, and promote personal growth.

Confidentiality

Information shared during counseling sessions is confidential and will not be disclosed to anyone without your consent, except in cases where there is a risk of harm to the student or others, or as required by law/policy.

Consent

☐ I have read and understood the information above. I give permission for my child to participate in school counseling sessions.

☐ I understand the limits of confidentiality as outlined above.

Signatures

Parent/Guardian Signature:

Date:

For School Counselor Use Only

Counselor Name:

Counselor Signature:

Date:

Submit Consent