Informed Consent Form

Wibaux Public School

Wibaux Montana

_____   _____

Child's Name   **Counselor's Name**

Introduction

The Wibaux Public School District is committed to providing quality education to its students. In efforts to achieve this goal, parents/guardians or school staff may refer students for counseling, or students may request counseling. The focus of the counseling program is to help students better understand the world they live in and make better decisions that help them achieve greater academic success. There is not cost for counseling services through the school district.

Provisions of Services

It is the aim of the counseling office to obtain parent/guardian written permission for counseling that extends beyond one session in a school year or that is planned on a regular basis with the goal of individual improvement. I understand that school counseling services are aimed at the more effective education and socialization of my child within the school community. I understand that these services are not intended as a substitute for psychological counseling, diagnosis, or medication, which is not the responsibility of the school. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for my child.

Confidentially

I understand that the school counselor will keep information confidential, with some possible exceptions. The counselor is required by law to share information with parents or others in certain circumstances:

*Presenting a serious danger to self or another person

*Evidence or disclosure of abuse (physically or sexually) or neglect

*Threats to school security

*Criminal or delinquency proceedings are pending

The counselor will make the child aware of these limits to confidentiality and will inform the child when sharing information with others.

Consent

Issues of concern to be addressed with counselor:

Parent/Guardian Signature:_____

Principal's Signature:_____

Date:_____