



PERMISSION FOR SCHOOL COUNSELING

Dear Parent/Guardian:

Link Community School offers short term individual counseling to students. Parents/guardians or school staff may refer students for counseling. Students on their own may request counseling, however we need prior parent consent. Therefore we ask you to complete this form for the school to have on hand in the event the need for counseling arises. Signing of this form does not mean a child will automatically be seen for services.

In order to build trust with the child, the school social worker will keep information confidential, with the following exceptions. Since this is a school setting and to better help your child, the school social worker may share information with you, teachers and administrators on a "need to know" basis. The school social worker is required by law to share information with parents or others in the event the child is in danger of harming him-or herself or others. Students will be aware of these limits to confidentiality when starting services and will be told when information is shared with others.

I hope your child will enjoy and benefit from the services offered, and I welcome and encourage meetings, phone calls and emails from parents/guardians with any questions, input or concerns.

Sincerely,
Suzanne Dandie, MSW
School Social Worker
973-642-0529 ext.26

Please return this form to the main office as soon as possible.

Please Print:

Child's Name: _____ Date: _____ Grade: _____

I, _____, am the legal parent/guardian of _____, and am fully aware of all the circumstances of my child's participation in counseling services and I give the school my informed consent to provide these services.

- I give permission for my child to receive school counseling services at Link Community Charter School and I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.
- I choose to decline school counseling services for my child at this time.

Parent/Guardian Printed Name: _____

Parent/Guardian (Signature): _____

Daytime phone: _____ Cell phone: _____ Email: _____