



2016-2017

Consent for In-School Services by School Social Worker

As the parent/guardian of _____, a student at Most Precious Blood Catholic School, I consent to my student meeting with Mrs. Bentley, BSW for supportive counseling. I understand that the services provided by the school social worker are recommended to help my child with issues that are affecting his/her school performance. These services will occur at school, during school hours.

I understand the importance of confidentiality in the counseling relationship and understand that the information that is shared by the student and parent will be kept confidential. If a student indicates that he/she is in danger of being harmed or is being harmed, danger of being neglected or is being neglected, or has knowledge of someone else being harmed or neglected, the social worker is obligated by law to report such information to the proper authorities.

Parent/guardian signature

Date

Student signature

Date