

ST. CLARE CATHOLIC SCHOOL
SCHOOL COUNSELING
PARENT/GUARDIAN CONSENT/PERMISSION FORM

Name of children: _____ D.O.B. _____
_____ D. O.B. _____
_____ D. O. B. _____
_____ D. O. B. _____

I hereby give permission for my child to receive counseling services from Champion Consulting. There is a joint effort between Champion Consulting and St. Clare School, to assist children, families, and schools in improving academic, emotional, behavioral, and social development and competence.

IF you choose not to give consent, your child will not be eligible to be seen by the counselor. This consent is for the school year _____. You may choose to withdraw this consent at any time by putting the request in writing. Thank you.

Signature of Parent/Guardian

Date

Authorizing Signature of School Representative

Date

Title of School Representative