



INFORMED CONSENT

Privacy and confidentiality are essential to having an effective school counseling program. Churchill Junior High recognizes the importance of communication and collaboration between students, parents, and the school. Every effort will be made to protect student and parent privacy rights except under certain limited conditions. These conditions generally include safety issues, legal issues, and professional responsibilities. Please refer to <http://utschoolcounselor.org/UFERPA.pdf> for more detailed information on Utah's specific laws regarding student/parent/counselor confidentiality.



PERMISSION FOR COUNSELING SERVICES

Churchill Jr. High

Student: _____

Grade: _____ Date: _____

Caregiver: _____

I give consent for my student to participate in individual counseling for the following issues:
(please check)

Academic Issues

Personal Issues with Friends/Family/Teachers

Other _____

"By signing this document, I waive the required 2 week waiting period as I desire the school counselor to begin working with my student immediately."

SIGNATURE: _____ Date: _____

Please print, sign and return *Permission for Counseling Services* form to Mrs. Pritchett, Guidance Assistant, in the Counseling and Guidance Department. For further information, please call: **385-646-5145**