

# Counseling Consent Form for students

## Student Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

School Name: \_\_\_\_\_

## Parent/Guardian Information (if applicable)

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Scope of Services

Counseling Sessions Offered (check all that apply if relevant):

Individual

Group

Family (requires separate consents where applicable)

Reason for Counseling: \_\_\_\_\_

---

## Confidentiality

Information shared during sessions is private and protected. However, limits to confidentiality may arise if the student exhibits an immediate risk of harm to self or others, or if there is suspicion or evidence of abuse. In such cases, the counselor must report to appropriate authorities as required by law.

## Responsibilities and Acknowledgments

- I understand the counselor will use evidence-based methods to support the student's well-being and personal growth.

- I acknowledge counseling is not a guarantee of specific outcomes but aims to provide support and strategies for the student's concerns.
- I agree to keep scheduled appointments and provide notice for any cancellations.
- I release the counselor, school, and associated personnel from any liability relating to the counseling process, barring gross negligence or intentional misconduct.

### Consent and Signatures

I have reviewed the information above, had the opportunity to ask questions, and agree to participate in counseling under these terms.

Student Name: \_\_\_\_\_

Signature (if age-appropriate): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_