



Saint James Elementary School

GUIDANCE DEPARTMENT CONSENT FORM

Student _____

Date _____

School counseling is a short-term service (6-8 weeks) to individuals or groups to help students function more effectively in the classroom and with their peers. In order to build trust with the student, I will keep information confidential, with some exceptions. Because these services are provided to minor children in the school setting, I understand that I may share information with parents/guardians, the child's teacher, and/or administrators or school personnel who work with this child *on a need to know basis*, so that we may better assist the child as a team. I am also required by law to share information with parents/ guardians in the event the child is in danger of harm to self or others, or if there is evidence or disclosure of abuse/neglect. The Counselor will make the child aware of these limits to confidentiality. If you would like me to share information with a third party, such as a therapist, psychologist or pediatrician, you will need to sign a release of information form.

Saint James Elementary School Counselor contact information:

Phone # 732-747-3363, prompt 6 Email: kjarmon@mysaintjames.com

Please complete and return form to your child's teacher or email to kjarmon@mysaintjames.com

Parent/guardian name: _____

Parent/guardian signature: _____

Phone #: _____ email address: _____

Preferred contact method (circle one): phone email

I give permission for my son/daughter to participate in school counseling services:

____ Individual counseling (as needed) ____ Group Counseling (when available)

*I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of social work services.

*School counseling is not on-going mental health therapy. Please contact Mrs. Jarmon for outside counseling resources.

*Due to limited days on campus, students may be put on a waiting list based on severity of need and social worker availability.