



Informed Consent for School Counseling Services

My child, _____, has my consent to participate in counseling services, in either a one-to-one or a group setting, provided at Emmanuel Christian Academy by the School Counselor. I understand that all information is confidential between counselor and student, with the following exceptions: Students disclose that they want to harm/are harming themselves, someone is harming them, they want to harm/are harming someone else, or have knowledge of another minor being harmed. This consent form is valid during the current school year of _____. I understand that counseling services are completely voluntary. My child or I can discontinue services at any time.

I understand that school counseling services, either individually or in a small group setting, are brief and solution-focused and targeted to the school environment. If my child requires counseling services that are beyond the scope of a school counselor, the school counselor will provide me with a list of both internal and external resources.

I have read and understood the above.

Parent/Guardian Signature

Date

Parent/Guardian Name

Email

Emmanuel Christian Academy

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