

Woodridge Local School District

INFORMED CONSENT FOR INDIVIDUAL COUNSELING

Thank you for considering individual counseling as a support option for your child. With your consent, your child's counselor will be _____. If you should have questions or concerns about the counseling program, please feel free to contact _____.

I understand that the information obtained from my child through the provision of counseling is confidential and will not be shared without my written consent except for the following reasons:

- A. there is a clear and imminent danger to your child;
- B. your child reveals information about mental or physical child abuse;
- C. a court orders the counselor to release the information;
- D. your child reveals information about criminal activity.

Information contained in your child's records will not be released to a third party, other than under circumstances described above or to a staff member with a legitimate educational interest in the information, unless you give written consent for the release.

By signing this form, you provide informed consent for your child to participate in individual counseling.

Parent _____ Date _____