

# Woodridge Local School District

## INFORMED CONSENT FOR GROUP COUNSELING

Thank you for considering group counseling as a support option for your child. With your consent, your child's will be participating in group counseling sessions with other students under the direction of \_\_\_\_\_ . If you should have questions or concerns about these counseling sessions, please feel free to contact \_\_\_\_\_ .

*I understand that the information obtained and discussed through group counseling is to be confidential within the group and the participants are advised not to share any of the information with others outside the group.*

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

Parent \_\_\_\_\_ Date \_\_\_\_\_