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# Catholic Family Services

## SPP (SCHOOL PARTNERSHIP PROGRAM)

### Consent Form: Parent/Guardian

Dear Parent/Guardian,

Please read and sign the top two sections. Please review the bottom section with your child and have him/her sign it.

I give permission for my child \_\_\_\_\_

to participate in group counseling services with \_\_\_\_\_ of Catholic Family Services--School Counselor. Counseling will be provided at \_\_\_\_\_ School.

Parent/Guardian's Signature: \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Today's Date: \_\_\_\_\_

I give permission for the therapist to speak with and/or write to the principal, or other referring school personnel for the purpose of sharing information that will help the school staff understand and work with my child. This consent will remain in effect for the remainder of the \_\_\_\_\_ school year.

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

~~Some case records may be used for auditing purposes. All records will be kept in strictest confidence, however.~~

### Please be advised: **Group Members Statement of Confidentiality**

Confidentiality, a trust of privacy or secrecy of communication and information, is special in a group therapy-training setting, and is the shared responsibility of all group members and their facilitator(s). Although a group facilitator will not disclose student/client communications or information except as provided by law or in other limited circumstances as stated above, group members' communications and information are not protected. Thus, this agreement is an attempt to provide you and your fellow group members with as much confidentiality protection as possible.

*As a member of this support group at \_\_\_\_\_ School, I will not divulge any confidential information discussed in the group sessions.*

Student Signature: \_\_\_\_\_ Today Date: \_\_\_\_\_



9200 Watson Road, G-101  
St. Louis, MO 63126-1528

Phone (314)544-3800 Fax (314)843-0552