



CHRIST CHILD SOCIETY - SCHOOL COUNSELING PROGRAM

5101 Wisconsin Avenue, NW, Washington, DC 20016

202-966-9250

PARENT/GUARDIAN PERMISSION FOR COUNSELING

Date: _____

I give permission for the Christ Child Society School Counseling Program social worker to provide counseling to my child, _____. I understand that student and family confidentiality will be respected.

I authorize the sharing of information with the school principal and educational specialist if needed to better serve my child. I understand that the school principal and educational specialist have signed a confidentiality agreement with Christ Child Society to ensure and protect my child's privacy.

I further understand that as a part of this process, the Christ Child Society School Counseling Program staff receives clinical supervision.

This permission will remain in effect for the duration of my child's service(s). I understand that I may withdraw this permission in writing at any time.

Signed: _____

Relation: _____

Address: _____

Phone: _____

Name of Student: _____

D.O.B.: _____

School: _____



5101 Wisconsin Ave NW Suite 304 Washington, DC 20016

202-966-9250 www.christchilddc.org

CFC #24654 United Way #8997

