



FAIRBANKS MIDDLE SCHOOL

Morenci Unified School District #18

To benefit the needs of our school and your child personalized counseling and group counseling are available at Fairbanks Middle School. Your child will have the opportunity to actively participate in counseling and determine their outcome goals for counseling.

General Counseling Consent Form

To the Parents/Guardian of _____

Your child has been referred for counseling services; in order to begin, we require your consent. Please read what follows and sign and return this form to Fairbanks so that we can schedule his/her first appointment.

I hereby grant permission to Tisha Morgan to provide routine evaluation and counseling services as may be deemed necessary or advisable for the care of the student named below. I understand that this consent shall remain valid so long as I am enrolled at Fairbanks Middle School or until I withdraw my consent.

I understand that all information gathered in this course of treatment is confidential. However, information may be released without my consent in cases of medical emergency, danger to self or others, suspected abuse or neglect of a minor or vulnerable adult, court order, audit and program evaluation, and where otherwise legally required.

I agree to allow my son/daughter/child to participate in his/her treatment planning process to the best of his/her ability, and I understand that s/he has the right to refuse any recommended suggestions but will be encouraged to develop acceptable steps to overcome issues as needed. I also understand that the student's school administration receives consultation regarding issues to the extent necessary to ensure appropriate care, and that in rare instances, such as the potential for a conflict of interest, it may become necessary to terminate the relationship with my treatment team. If this should occur, I will be provided notice of this action and I will be referred to another clinician. I understand that there is no guarantee that the treatment services offered will prove beneficial to me.

Student's Name: _____

Parent's Name: _____

Phone Number: _____

Parent Signature: _____ Date: _____

School Official Signature: _____ Date: _____