

## Permission to Receive Counseling

I \_\_\_\_\_ give permission for \_\_\_\_\_ to  
(print name) (name of son or daughter)

receive counseling from a member of the Choices staff at Bishop Montgomery High School.

Discussions are confidential unless there is a discussion of reasonable suspicion of child abuse or elder abuse. In addition, if a student reveals plans to hurt himself or herself or plans to seriously harm someone else, the Choices counselor will break confidentiality.

\_\_\_\_\_  
(signature of parent/legal guardian)

\_\_\_\_\_  
date