

Parent/ Guardian Consent Form

Your permission is requested for your child to participate in group or individual counseling activities at Hammond Academy of Science and Technology. Groups will meet twice weekly on Tuesday and Thursday over your child's lunch hour. Individual counseling services will be handled directly with teachers. We will try to arrange it so that participation in individual counseling sessions will not interfere with academics or affect your child's grades in any way.

Because counseling is based on a trusting relationship between counselor and client, the therapist will keep the information shared by students confidential except in certain situations in which there is an ethical responsibility to limit confidentiality. In the following circumstances, you as guardian, will be notified.

- If the student reveals information about hurting himself/herself or another person.
- If the child reveals information about child abuse.
- If the child reveals information about criminal activity.

By signing this form, I give my informed consent for my child to participate individual counseling. I understand that

Parent/Guardian _____ Date_____

Parent/Guardian_____ Date: _____

Student _____ Date: _____

To be filled out by parent regarding their student

Mother _____ ☐ Living age _____ ☐ Deceased year _____

Father: _____ ☐ Living age _____ ☐ Deceased
year _____

Please list siblings from oldest to youngest. Please list student on the list.

<i>Siblings</i>	<i>Male or Female</i>	<i>Age</i>	<i>Notes</i>

List current health
problems _____

List current medications _____ Dosage

Name of Physician _____ Phone #

Have you sought counseling before? ☐ Yes ☐ No Name of
Therapist(s) _____

Have you ever been hospitalized for a psychiatric problem? ☐ Yes ☐ No

Have you ever made a suicide attempt? ☐ Yes ☐ No

Please describe the main concern that brings you to counseling:

Please check any of the following that may apply to you:

- | | | |
|--|--|--|
| ☐ Depressed Mood | ☐ Guilty Feelings | ☐ Hyperactive |
| ☐ Lost Interest in Activities | ☐ Eating Problems | ☐ Mood Swings |
| ☐ Negative Outlook | ☐ Sleep Problems | ☐ Compulsive Actions |
| ☐ Feeling Worthless | ☐ Anxiety | ☐ Excessive Worry |
| ☐ Fatigue | ☐ Panic Attacks | ☐ Poor Concentration |
| ☐ Grief/Loss | ☐ Fears | ☐ Physical Complaints |
| | | ☐ Thoughts of Suicide |
| | | ☐ Obsessive Thoughts |