SAINT LOUIS COUNSELING

IMPROVING LIVES SINCE 1955

SCHOOL PARTNERSHIP PROGRAM (SPP)
9200 Watson Rd., G-101
St. Louis, MO 63126-1528
P: 314.544.3800 **F:** 314.843.0552

(rev 5-1-18)

Consent Form: Parent/Guardian

Note: Please read and sign both sections.

I give permission for my child_____

to participate in counseling services with Saint Louis Counseling' school counselor.

Counseling services will be provided at _____ School.

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature_____

Phone Numbers: _____

_____

Best Time to Contact: _____

Today's Date: _____

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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 until counseling is terminated.

Parent/Guardian's Signature _____

Today's Date_____

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

United Way
United Way of Greater St. Louis

Catholic Charities
FEDERATED AGENCY