



Parent Authorization for Counseling Services

Student _____

School _____

Parent _____

Contact Number _____

Nebo School District offers a wide range of support services to students. We would like to offer your student the opportunity to participate in some supportive counseling while at school. A school counselor/psychologist/social worker is willing to meet with your student in order to help address needs that your student may be experiencing. The school counselor/psychologist/social worker may use printed material to help with the discussions. If you would like to review this material, they will make it available.

Under Utah Code, Section 53E-9-202 and 53E-9-203 of the Utah Family Educational Rights and Privacy Act, school district personnel are required to have your consent as parent or legal guardian, except in response to a situation which a school employee reasonably believes to be an emergency or by order of a court, if psychological information is discussed with your student.

Information gathered in the session(s) will be used to formulate treatment considerations; information gathered during the course of counseling will be integrated into the treatment program.

Please also be aware the service providers have a responsibility to ensure that an appropriate administrator is informed of any information that concerns potential problems or at-risk situations that might occur. Information concerning life-threatening situations will be shared with the parent/guardian and appropriate school administrator or other school personnel only on a need-to-know basis. Information regarding a student’s drug or alcohol use will be reported to the parent/guardian. State law requires that information suggestive of child abuse must be reported to the appropriate governmental agency.

In addition, this permission is valid for the current school year unless one of the following occurs: (1) the student completes or withdraws from the course, activity or program for which this permission was granted; or (2) a written withdrawal of authorization is submitted to the attending counselor/school psychologist by the authorizing parent or guardian.

I give consent for my student to participate in counseling sessions:

Parent/Guardian Signature

Date

The Utah Family Educational Rights and Privacy Act requires a two-week waiting period prior to the student receiving services unless a parent waives this notification period.

I waive the two-week waiting period so the services may begin immediately: _____ (initial here)

School Counselor/Psychologist/Social Worker Name

Contact Number