

## Family School Liaison Counselling Program

### Consent for Counselling

I/We **(Parent/Legal Guardian)** \_\_\_\_\_, consent to our Child \_\_\_\_\_ receiving counselling services through the Westwind School Division's Family School Liaison Counselling Program. This consent is in effect until such consent is rescinded in writing, **OR** until the end of the current \_\_\_\_\_ school year.

#### Limitations to Consent:

Westwind School Division #74 provides a team of counselling professionals. As part of your child's counselling service, we conduct anonymous case consultations among members of the professional team. Anything you or your child say is confidential within the counselling team, with the following exceptions:

1. If you give prior written permission to have it released.
2. If there is a possibility of your child harming him/herself or others, we are ethically bound to act in order to ensure safety.
3. If abuse of a child is disclosed. By law this must be reported.
4. If we are subpoenaed by court to release the file.
5. Supervision (Assistant Superintendent) of Family School Liaison Counsellors.

I/We **(Parent/Legal Guardian)**, have received and read the Family School Liaison Program Information brochure and have had an opportunity to discuss any concerns with the counsellor regarding my child receiving counselling services.

Signature(s): \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_