

# Meridian Junior High School

## Parental Consent Form

Your permission can be revoked at any time in writing.

This authorization is valid for the 2013-2014 Academic Year.

Please check one:

\_\_\_\_ YES, I give permission for my child to participate in the Comprehensive Counseling Program at school.

- I understand the confidentiality of counseling
- I understand the counselor may need to discuss pertinent information about my child with appropriate school personnel (teachers, principal, etc.)

\_\_\_\_ NO, I do not give permission for my child to participate in the Comprehensive Counseling Program at school.

**Child's Name** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**What is the Best way for the counselor to reach you?**

**By Phone:** \_\_\_\_\_

**By Email:** \_\_\_\_\_