



# CHAMINADE HIGH SCHOOL

## Authorization for Counseling

Dear Parent/Guardian

Your child has been referred to one of our school psychologists/ social worker through our guidance department.

Your consent is needed for your child to be seen. If you provide consent, counseling services will be provided at no cost to you. The provider will be in contact with you periodically and you may contact them at any time. You may also withdraw consent at any time via written request.

If you have any questions or wish to discuss this referral further, please contact Mr. Daniel Petruccio by calling 516-742-5555 ext. 431.

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**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Student's Address** \_\_\_\_\_

I give consent for my child to receive counseling from either of our school psychologists/social worker. You can reach them through the guidance department at **516-742-5555 ext. 430**.

**Printed Name of Parent/Guardian** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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

**Parent/Guardian Contact Info** \_\_\_\_\_

- This consent is valid for one (1) year.