

**GEORGE T. EGLING MIDDLE SCHOOL**  
**813 WEBSTER STREET, COLUSA, CA 95932**  
**TELEPHONE: (530) 458-7631**  
**FAX: (530) 458-8107**



**JODY JOHNSTON, Principal**  
**ERIKA LEMENAGER Vice-Principal**  
**BARBARA REECE**  
**Administrative Assistant**

## **School Counseling Informed Consent Form**

### **Introduction of services**

EMS (Egling Middle School) is committed to providing quality education to its students. In an effort to achieve this goal, school staff or parents/guardians may refer students for counseling, or students may request counseling. The aim of the school counseling services is to help students have more effective education and socialization within the school community. Possible counseling topics are coping with changes, transition, self-esteem, friendship and relationship issues, study skills, stress management, fears or worries, academic progress, conflict resolution, social skills, adjustment to school or culture, etc. These services are available at no cost. However, these services are not intended as a substitute for medication, psychological counseling or diagnosis, which are not the responsibility of the school.

### **Confidentiality**

Because counseling is based on a trusting relationship between counselor and counselee, the school counselors will keep information confidential with some possible exceptions. We understand that the school counselors may share information with parents/guardians, the child's teacher, and/or administrators who work with the child on a need to know basis, so that we may better help the child as a team.

Under the following circumstances, the school counselors are required by law to share information with others.

1. Presenting information about hurting himself/herself or another person.
2. Evidence or disclosure of abuse (physically, emotionally, and sexually) or neglect
3. Threats to school security
4. If counseling records are court ordered

### **Contact**

If you have further questions about the information on this form, the counseling relationship, the counseling techniques used by the counselors, and the length of counseling, please contact the school counselor at (530)-458-7631.

Mr. Vedo

*EMS School Counselor Intern*

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_  
I have read, understand, and agree to the terms of the School Counseling Informed  
Consent.

I give permission for my child, \_\_\_\_\_, to receive  
counseling services while attending at EMS. I understand that I may withdraw this  
content at any time by signing and dating a written notice requesting termination of  
counseling services.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (Print Name)

\_\_\_\_\_

Parent/Guardian (Signature)

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_