

Parent/Carer/Guardian Counselling Consent Form

Dear Parent/ Carer/Guardian

Your child has been identified as someone who may benefit from counselling. The counselling sessions would take place within the school’s designated counselling room, within school hours and with as little disruption to their lessons as possible. Initially 6 sessions would be offered once a week for 50 minutes, this would be reviewed on session 5/6 where more sessions can be arranged if necessary.

Counselling can help with any issues that may be negatively impacting your child, allowing them to explore their worries and anxieties in a safe and confidential environment.

Counselling can help your child with a wide range of issues; bullying, anxiety, low self-esteem, bereavement, self-harm, sexuality, family and relationship difficulties, friendships and eating issues. Sometimes these problems can be difficult to talk about with parents, friends or teachers, a counsellor is someone you can talk to in a different way where they will listen without judgement.

Early intervention addressing mental health issues at a younger age can help prevent difficulties later down the line.

All counselling sessions are confidential between your child and the counsellor, unless a risk of harm to self or others is disclosed, in which case the relevant safeguarding procedures will be followed, in order to keep everyone safe. This would be discussed beforehand and dealt with carefully and sensitively.

All personal information and data is stored securely, record keeping of session notes is stored electronically and in password protected files. Data is not shared with any third party organisation, unless previously agreed or in the interest of Child Protection and Safeguarding.

Please fill in and return the attached consent form to the front office.

I (parent name)…………………….give consent for (child name) …………………... to attend counselling sessions for the next 6 (term time) weeks. I understand that counselling sessions are confidential and I will only be informed of session content if the counsellor feels it is in the best interest/safety of (child name)...................for me to be informed.

Name of Child…………………...Form/Class…………..

Name Parent/Carer/Guardian………………………………………

Signed…………………………………………………….

Date…………………………………...