



## Letter of Consent for Participation in Groups

Dear Parent or Guardian:

Small group counseling activities are offered through the school's Counseling Department. Discussions in groups facilitated by school counselors may include topics such as anger management, loss through death or divorce, improving school success and self-esteem. Small groups meet for a maximum of **6-8 sessions**.

Participation in a group is completely voluntary and based on your written consent. Since groups are currently being organized, please thoroughly read the Parent/Guardian Consent Form below.

***If you wish to give permission for your child to participate in a counseling group, please sign and return the Consent Form to the school counselor.***

### GROUP COUNSELING CONSENT FORM

Because group counseling is based on a trusting relationship between the counselor and student, the group leader will keep the information shared by group members confidential except in certain situations in which there are ethical responsibilities to limit confidentiality. These circumstances are:

- The child reveals information about hurting himself/herself or another person.
- The child reveals information about child abuse.
- The child reveals information about criminal activity.

***By signing this form, I give my informed consent for my child to participate in group counseling.***

Name of Child \_\_\_\_\_ Child's Teacher \_\_\_\_\_

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

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_ Group Topic \_\_\_\_\_

**Paul Culley Elementary School**

Address 1200 N. Mallard St. • Las Vegas, NV • 89108

Phone 702-799-4800 Fax 702-799-0611

Website [www.culleyes.net](http://www.culleyes.net)

