



XAVIER CHARTER SCHOOL

1218 North College Road W
Twin Falls, ID 83301
(208) 734-3947 Phone (208) 733-1348 Fax

Parent/Guardian Consent Form

Dear Parents or Guardian,

Your permission is requested for your child _____ to participate in counseling at Xavier Charter School with the school Counselor.

Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by the client confidential except in certain situations in which an ethical responsibility limits confidentiality. You will be notified under the following circumstances:

1. The student reveals information about hurting himself/herself or another person.
2. The student or another person may be in physical danger.

By signing this form, I give my informed consent for my child to participate in counseling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.

This consent will be on file throughout the time that your child attends Xavier Charter School. You may revoke this consent any time. Please feel free to call if you have questions or comments at 208-734-3947.

Parent/Guardian _____ Date: _____

School Counselor _____