



**Counselling Consent Form**

Referrer:	Date:
Referrer's email:	

Student:	
Birth Date:	Gender:
Year/Room	Teacher:
Parent/Caregiver(s):	
Address:	Contact Phone No.:
	Is it ok/safe to leave a voice message/send a text?  Yes / No
Email (if different from above):	
Reason for Referral:	
Any safety concerns?:	
Any other agencies involved?:	

**Signature of Referrer:**\_\_\_\_\_

**Parental/Caregiver Consent:**

**Name of student's legal guardian(s):**\_\_\_\_\_

Please note: your child will be informed of their rights under the Health and Disability Act, namely:

1. The right to be treated with respect.
2. The right to be you and not be judged, persuaded, bullied or harmed in any way.
3. The right to dignity and appropriate independence.

4. The right to the best health care available at all times.
5. The right to have your say and be heard.
6. The right to be told what is going on (appropriately informed consent).
7. The right to participate in decisions about you.
8. The right to support from family.
9. The right to privacy according to the child's level of ability and circumstances.
10. The right to complain and say this is not right.

**Understanding the above:**

- I give consent for my child to receive counselling
- I understand that my child's counsellor is experienced
- I understand that in the event that my child discloses that they (or others) are not safe, school procedures will be followed

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Counsellor:</b>	<b>Signature:</b>	<b>Date:</b>	<b>Priority:</b>
			High
			Medium
			Low