



# South Baldwin

CHRISTIAN ACADEMY

## Student Counseling Parent Permission Form

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My child, \_\_\_\_\_, has permission to participate in counseling services in either a one-to-one or group setting, provided at South Baldwin Christian Academy (SBCA) by the School Counselor. I understand that all information is confidential. As the legal guardian, I have the right to my child's information regarding these services and will be notified if my child is referred for services. This permission slip is valid during the current school year of \_\_\_\_\_. Counseling services will be available to my child upon approval on the date noted on this form.

General reasons for referral:

- Behavior and Class Conduct
- Emotional Regulation and Expression
- Family or Life Changes
- Friendship and Social Skills
- General Support

At times, referrals will be made for other reasons and by others such as specific parental requests.

**I have read and understood the above.**

Signed \_\_\_\_\_

Printed \_\_\_\_\_

Date \_\_\_\_\_

Contact # \_\_\_\_\_

If you have any questions or concerns, please do not hesitate to contact:

**Amber Flores**

*Counselor*

Center for Healing, LNI

[psydamberflores@gmail.com](mailto:psydamberflores@gmail.com)

**Diane Vchulek. LMHC**

*Director, Counseling & Recovery*

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*Copy to Counselor*

*Copy to Parent*