



ST. ANTHONY
— DE PADUA —
CATHOLIC SCHOOL

*St Anthony de Padua Catholic School develops life-long learners
who live their faith through stewardship and are committed to
Catholic virtues and academic excellence.*

CONSENT FOR IN-SCHOOL SERVICES BY COUNSELOR

As the parent/legal guardian of _____, a student at St. Anthony's, I consent to my student meeting with the counselor who comes to the school. I understand that while the services provided by the counselor were recommended to help my child with issues that may be affecting school performance, talking about certain issues may make my child feel uncomfortable at times. I understand that the counselor knows this, and that if the counselor thinks it is necessary, will help my child and I decide if this service should continue, focus on something else for a while, stop for a while, or seek other forms of treatment. I understand that I may talk with the counselor if I have any questions, and that while the counselor will maintain confidentiality, I will be informed of any issues of which the counselor becomes aware that might pertain to the safety of my child. I understand that I may withdraw this consent at any time by notifying the school counselor in writing of that decision. I understand that the cost of the service provided in the school, to my child, is covered by the school.

Parent's Signature: _____ Date: _____

Printed Name: _____

Student's Name: _____ Grade: _____

Address: _____

Home Phone: _____ Cell: _____

Preferred Parent Email(s) _____

Counselor's Name: Chris Nowak, M.Ed, LMHC, LSC

*Mrs. Nowak is in the school on Thursdays and Fridays.

Counselor's Signature: _____ Date: _____