

**St. Timothy School 2016-2017**  
**SCHOOL COUNSELING RELEASE FORM**

**1. Psychological and Educational Information:**

I understand that counseling services offered through the School, if any, are primarily short-term, temporary services aimed at the more effective education and socialization of my child within the school community, and to provide the means for teachers and the School Administration to serve my child and the school community more effectively. These services may involve the individual participation of my child, or the participation of my child in conjunction with family, teacher(s) and/or the School Administration. I understand that these services are not intended as a substitute for emergency psychological intervention, nor do they take the place of permanent, long-term, or comprehensive psychological counseling, therapy or medication, which are not the responsibility of the School. I acknowledge that it is my sole responsibility to determine whether additional or different services are necessary, and whether to seek them for my child. I hereby give my consent for my child to receive counseling services through the School on these terms.

Because these School Counseling Services are primarily intended to serve my child as a member of the school community, in addition to circumstances otherwise allowed or required by law I authorize the counselor, in his or her discretion, to share any information, diagnosis or recommendation derived from these services, and only such information, with me or another parent or legal guardian of my child, my child's teacher(s), the school principal or other school administrators. Such information will be used only for the purposes of facilitating the education or socialization of my child or of the School community.

Print Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Print Parent's/Legal Guardian's Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_