

Eldon Upper Elementary Counseling Services

PARENT/GUARDIAN AGREEMENT FORM

Dear Parent,

Your child, _____, has been referred to, or has asked, to see the counselor for individual and/or group counseling. Mrs. Karla Churchman, M.S., L.P.C., or another qualified professional will be conducting the counseling for your child.

Please check one of the following options listed below and return this form to the school counselor as soon as possible.

There is no charge for this counseling service. If you have any questions or concerns please feel free to call Mrs. Churchman at 573-392-6364, ext. # 307.

As a parent/legal guardian,

_____ Yes, my child may participate in individual/group counseling.

_____ No, my child may not participate in individual/group counseling.

Please list your current phone number(s) in case we need to contact you.

Home Phone: _____ Work Phone: _____

Signed: _____ Relationship to child: _____

Date: _____

Student Name: _____ Teacher: _____