



BLISSFIELD COMMUNITY SCHOOLS

**630 S. Lane St. • Blissfield, MI 49228
(517) 486-2148 • Fax (517) 486-4749**

Mark Willson, Director of Student Services
Louise Keinath, Elementary Behavioral Specialist

Jerry Johnson, Superintendent
Michael Valasek, Elementary Principal

Blissfield Elementary School Based Counseling Program Parent Permission Form

Child's Name: _____
Teacher: _____

Grade: _____

School Based Counseling services are provided by a Certified School Counselor who is employed by Blissfield Public Schools. School Counselors are credentialed by the Michigan State Board of Education and possess a Master's degree in Counseling or related field.

Counseling services provided by Certified School Counselors are short term and are not intended to replace the services offered by Licensed Clinical Counselors. However, these services are designed to assist the child in removing the barriers that are interfering with their learning. The topics may include academics, personal issues, social skills, or other relevant topics. The format may take the form of either small group or individual sessions.

As counseling is based upon a trusting relationship between counselor and student and pursuant to state law, the counselor will make every effort to keep the information shared by the student confidential. However in certain situations in which there are ethical or legal requirements to limit confidentiality, the counselor may have to share the communications. The following summarizes the exceptions to confidentiality:

1. If the student reveals information about harm to themselves or another person
2. If the student reveals information about abuse
3. If the counselor's records are subpoenaed by the courts

Your permission may be revoked at any time by informing the School Counselor in writing.

This authorization is valid for the 2015-2016 school year.

Thank you,
Louise Keinath, Blissfield Elementary Behavioral Specialist,
Licensed School Guidance Counselor, LLPC

____ Yes, I give my informed consent for my child to participate in school-based counseling services.

Parent or Guardian Name (printed) _____

Parent or Guardian Signature: _____

Date: _____