



## RIDEAUWOOD SCHOOL BASED PROGRAM CONSENT FORM

In signing this consent form, I understand that:

- a) assessment, individual and/or group counselling may be provided depending on the individual needs of my son/daughter;
- b) in order to address the needs of a student and to measure the success of our program, relevant information may be released and exchanged among the school's support team. This may include guidance counsellors, administrators, school support staff (ie. school Psychologist / Social Worker), relevant teaching staff, as well as the staff of Rideauwood Addiction and Family Services;
- c) because all counselling relationships are based on trust between a counsellor and a student, the Rideauwood School Based Counsellor will keep information shared by a student private and confidential except in circumstances where there is a legal responsibility to limit confidentiality;
  - Where a student discloses information indicating he/she or anyone under the age of 16 years has been abused, or is at risk of being abused, then school board protocol will be followed and appropriate resources will be contacted.
  - Where a student poses a threat to the safety of others and/or self, then school board protocol will be followed and appropriate resources will be contacted. This includes non-suicidal self-injurious behaviour.

I \_\_\_\_\_ give permission for  
(Parent/Guardian)  
\_\_\_\_\_ to meet with the  
(Student)

Rideauwood counsellor providing school-based services.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Student)