



# HOLY ANGELS SCHOOL

20 Reiner St. Colma, CA 94014 \* Phone (650) 755-0220 \* Fax: (650) 755-0258  
Website: <http://www.holyangelscolma.com>

## PARENT PERMISSION and INFORMED CONSENT FORM

Thank you for agreeing to allow your minor child, \_\_\_\_\_ to meet with the Holy Angels School Counselor, **Mrs. Mhaysie Ruiz**.

Holy Angels School is committed to providing quality education to its students. In effort to achieve this goal, parents/guardians or school staff may refer students for counseling, or students may request counseling. The goal of Holy Angels' Counseling Program is to assist in developing model citizens and to help every student succeed. The counselor will work with parents, teachers, and administrators to help students develop the skills they need to enhance their educational, social, emotional, and spiritual growth.

The counselor works under the supervision of licensed professionals according to the laws of California and the Ethics Code of the profession. To meet the ethical and legal requirements, your counselor must discuss her work and client's progress in individual supervision with her primary supervisor. The supervision discussions are held in private and are kept confidential in accordance to California Law.

- I acknowledge that I have received, read and understand the PARENT PERMISSION AND CONSENT FOR COUNSELING SERVICES form.
- I have had an opportunity to ask questions and receive answers.
- I understand that the counseling goals and intervention plan developed by the school counselor are regularly reviewed and is done so with the best interest of the child as the primary concern.
- I do hereby seek and consent to allow my child, the above-mentioned minor, to take part in counseling services by the school counselor.
- I do hereby attest that I have the sole legal custody or joint custody of the above-mentioned minor child.

***My signature on this document shows that I understand and agree with the above conditions and statements. Any questions or concerns regarding the contents of this Agreement should be discussed with the Counselor prior to signing it.***

\_\_\_\_\_  
Parent/Legal Guardian's Signature #1      &      Parent/Legal Guardian's Signature #2      \_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature      \_\_\_\_\_  
Date