

Christina Woods, MA, LPC LLC

Licensed Professional Counselor

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Consent for Participation in Group Therapy

I, _____, the parent/legal guardian for _____ give my permission for my child to participate in group therapy through the specialized funding through the school district. I understand that my child's participation is vital in the therapy process and once I sign my child up; I agree to support my child's attendance.

By signing this form, I am also authorizing for information to be shared between Christina Woods and the Owensville School District staff, to include the information for the purposes of the MIL Tax board for funding and sharing of participant information. Information shared will be for the betterment of my child's mental health and will be a supportive effort to help my child. This also means that in a crisis mental health situation, the school can notify the therapist of my child's actions or concern. I understand that I may contact Christina Woods for progress updates.

My contact information is:

Name: _____

Phone: _____

Best time to call: _____

Parent/Guardian Signature

Date

IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN THIS GROUP, PLEASE SIGN THIS SECTION

I have read this letter and at this time, I **do not** wish for my child to participate in the group therapy sessions.

Parent/Guardian Signature

Date

To be completed by therapist

Group Session assigned: _____

Date Began: _____