

Social Worker Support

I give my permission for my child to see the School Social Worker, Ms. Kayla Broady. I allow my child to meet with the Social Worker during school hours. I understand that she may speak to teachers, counselors, and others who are significant in the life of my child and I give my permission for such involvement. I understand that this service is limited and cannot be ongoing in nature.

Student's Name: _____

Student's Grade: _____ Student's Date of Birth: _____

Student's Address: _____

Reason for Request:

I give consent for my child to receive counseling services from the School Social Worker.

Printed Name of
Parent/Guardian: _____

Relationship to student: _____

PARENT/GUARDIAN SIGNATURE: _____

Date: _____ Parent/Guardian Contact: _____

*This consent is valid for a period of one (1) year.