



**Permission Form for Participation
Blessed Sacrament School
Counseling Program
2016-2017**

Please put a check mark next to the student's name granting or denying permission for your child to participate in individual counseling, then sign, date, and return to school. Our school counselor is Timothy Allen, MSW.LCSW. Previously, Mr. Allen was employed for thirty years as a school social worker in the Edwardsville School District. He retired from Edwardsville in 2013.

Children may participate in group sessions and social skill lessons held during the school day at the discretion of the principal and counselor, permission for these group activities is not required.

Child's Name: _____

____ Grant Permission ____ Deny Permission

Parent/Guardian Signature

Date

Child's Name: _____

____ Grant Permission ____ Deny Permission

Parent/Guardian Signature

Date

Child's Name: _____

____ Grant Permission ____ Deny Permission

Parent/Guardian Signature

Date

Child's Name: _____

____ Grant Permission ____ Deny Permission

Parent/Guardian Signature

Date