



CONSENT TO PARTICIPATE

I, _____, consent to allow _____ to participate in the **Saint Pius Wellness Program** and specifically to meet with the school's counselor, Beth Alaback. I also consent to allow Ms. Alaback to discuss my child's information and treatment options with my mental health professional.

I understand that all meetings, records and conversations will be confidential among myself, the administration and the counselor (with the exception of events, descriptions or incidents that must be reported by law).

I further understand that the Saint Pius Wellness Program is a referral program and does not take the place of any current or subsequent treatment or treatment programs that my child may participate in and will primarily be used as a bridge to help better implement strategies offered by my child's mental health professional.

Parent/Guardian

Date