

# PORTSMOUTH STEM ACADEMY

609 2nd Street  
Portsmouth, OH 45662  
740.351.0591

614 3rd Street  
Portsmouth, OH 45662  
1.740.879.2039 (FAX)

## Portsmouth STEM Academy Consent for Counseling Service

Legal Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **PLEASE SELECT ONE**

( ) I, the named individual above (or legal representative of this student) acknowledge and agree to the following:

- Counseling services in the event of a high-risk situation that may include but are not limited to, expressed suicide ideations, exhibiting self-harming behaviors, demonstrating physical aggression, and/or verbal aggression.

I understand that this is an emergency intervention to address safety issue(s) regarding my child. I authorize the release of information from clinical records as necessary for the school and medical purposes. I understand that collaboration is necessary between counselor(s) and school staff to develop intervention strategies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( ) I, the named individual above (or legal representative of this student) decline consent for counseling services in the event of a high-risk situation regarding my child at Portsmouth STEM Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_