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## INSTITUTE FOR HUMAN RESOURCES

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## Parent/Guardian Consent Form

The Boys and Girls Club of Livingston County and Institute for Human Resources have collaborated to provide the youth of this county with additional services right here at your club!

The Institute of Human Resources will be providing and Outreach Counselor to provide individual sessions, and group therapy sessions focused on positive self-esteem, positive coping skills, and mood management. This service will be provided one day a week at each club. In order to participate in this opportunity, we must have your permission to meet with your child.

Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by the client confidential except in certain situations in which an ethical responsibility limits confidentiality. You will be notified under the following circumstances:

- 1. The student reveals information about hurting himself/herself or another person.
- 2. The student or another person may be in physical danger.

Your permission is requested for your child,	to participate in
counseling at Boys and Girls Club of Livingston County with the Outreach Counselor from	om Institute for
Human Resources.	
Please Initial:	
By signing this form, I give my informed consent for my child to participate in	individual or group
counseling. I also understand that anything that my child shares will be kept confidential	except in the
above-mentioned cases.	
By signing this form, I give my permission for Institute for Human Resources a	nd Boys and Girls
Club of Livingston County to share information to assist in coordination of care.	
Parent/Guardian Date	_
This consent will be on file throughout the time that your child attends Boys and Girls Club of Livingston Couthis consent at any time. Please feel free to call me if you have questions or comments, 815/844-6109. I will be	•