

Permission For School-Based Services

I give permission for my child, _____, to be in treatment
with Southwest Family Guidance Center and Institute (SWFGC). I understand that this
treatment may be done at the office of SWFGC and/or at my child's school site:

School's Name

By requesting school-based therapy, I agree to initiate monthly contact with my child's therapist and understand that if I am requested by the therapist to meet or return phone calls it is my responsibility to follow through with my child's therapist's request. If I am unable to follow through with the therapist's requests, my child may be discharged from therapy services. I understand that my participation in my child's therapy is crucial to the improvement of my child's well-being.

I understand that any co-pays or other charges related to the services provided are due and payable to SWFGC.

Guardian's Printed Name

Relation

Guardian's Signature

Date

Therapist's Printed Name (w/ credentials)

Date