

**Permission Form For School-Based Services**

I give permission for my child, \_\_\_\_\_, to be in treatment with Southwest Family Guidance Center & Institute. I understand that this treatment may be done at the office of Southwest Family Guidance Center & Institute and/or 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.

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Printed Name (w/ credentials)

\_\_\_\_\_  
Date