New Westminster Schools

Student Counselling Consent Form

The New Westminster School District is pleased to offer counselling support to our students. The district offers three tiers of counselling support, based on the nature and severity of the concern, and the timely availability of the supports.

The following information is provided to help you make an informed decision about your child's participation in counselling.

Nature and Purpose of the Service

Counselling is a supportive process where students can talk about their thoughts, feelings, and experiences in a safe and caring environment. The school counsellor helps students develop coping skills, improve relationships, and manage emotions.

The goal of counselling is to:

- Support students' emotional, social, and academic well-being.
- Help students navigate challenges such as anxiety, peer relationships, grief, or family changes.
- Promote positive mental health and resilience.

Risks and Benefits of Counselling

Benefits may include:
- Feeling heard and understood.
- Learning new coping strategies.
- Improved self-esteem and emotional regulation.

Possible risks:
- Discussing difficult topics may cause temporary emotional discomfort.
- Changes in behavior or emotions may be noticed by others.

(Limits of) Confidentiality

Counselling sessions are private. Information shared will not be disclosed without the student's consent, except in the following cases:

- If the student is at risk of harm to themselves or others.
- If there is suspected or disclosed abuse or neglect.
- If required by law or court order.

In these cases, the counsellor must report to appropriate authorities and school administration to ensure safety.

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Voluntary Participation and Withdrawal of Consent

Participation in counselling is voluntary. Students and/or parents/caregivers may choose to stop counselling at any time by notifying the counsellor.

Students or parents/caregivers seeking alternatives to counselling can consult the school counsellor or administration to explore other suitable options.

Consent and Signatures

Counselling Parent/ Legal Guardian Permission Form 240-1

I have read and understood the information above.

As the parent/ legal guardian, I give consent for my child _____ to receive counselling support for the 2025-2026 school year.

Please Print: _____ _____

Parent/Legal Guardian Date

_____

Parent/Legal Guardian Signature