

August 1, 2012

Dear parents/guardians,

Great River Mental Health has been able to provide a wonderful program to your school and its student body for the second year (2012/2013 school year). Great River Mental health through a Mental Health Block Grant from the State of Iowa will be providing your school and its students with a professional mental health counselor (Tana Fourdyce LISW) to be on campus and help with any issues or concerns that may arise. We will be providing groups and individual sessions with students on a need basis. We are here to support the faculty and students and want this to be a positive experience for all.

We will be able to address many issues that may arise with the guidance of the Principal and teachers. We would like each parent to understand that your child is in no way required to use any of the services provided or to be involved in any type of group activity that is supported by our (Great River Mental Health) counselor. For us to be able to provide a streamlined process we are asking that you give permission for your student to be involved in these activities if they so choose. Activities may include groups on self esteem, bullying, self confidence, communication, and many more topics. We would also be available for any student who would like to drop by and talk with our staff person.

Confidentiality is essential to the development of the therapy relationship. However, there are exceptions to this as required by law and/or ethical standards. These issues include: harm to self or others, abuse or neglect, or court or other legal proceedings. If any of these issues arise, parents will be contacted. Furthermore, parents will be contacted when/if your child requests to be seen by the counselor on an on-going basis.

If you have any questions please feel free to call your student's school principal, and they will be glad to explain the program in further detail. We thank you for your cooperation with this program. If you filled this permission form out last year, you need not complete another one.

Yes, I (parent name) _____ give permission for my son/daughter (name) _____ to be involved in the above activities.

No, I (parent name) _____ do not give permission for my son/daughter (name) _____ to be involved in such activities.

****Please return this form either through the mail or send it to school with your child. If you have filled this out, you do not need to complete another one. You may also email me your permission at tfourdyce@grhs.net.**

Thank you.