TAMS PARENTAL CONSENT FOR COUNSELING

Texas Academy of Mathematics and Science ♦ University of North Texas

In order to assist students in their adjustment at TAMS and to help them with emotional and/or personal problems that may develop, counseling services are available at no cost to the student or to his or her family. Dr. Patrick Turnock, Academy Psychologist, is a licensed psychologist with a specialty in adolescent issues. He is assisted by an advanced practice UNT graduate student in psychology under his supervision. Both are available to meet with students for daytime or evening appointments.

Students will be informed about the counseling services during fall orientation and at their wing meetings. They will also receive details of how to make an appointment. This information is also printed in the TAMS Student Handbook.

All records regarding a student's counseling are kept strictly confidential and are not included with other student records. Counseling sessions may be recorded to assist supervision and optimize service quality. Video records are securely maintained and are deleted after being reviewed.

If your son or daughter is under age 18, then we need your permission to provide psychological services or counseling. In some situations, including mental health emergencies, a signed permission form would *not* be required in order for us to render help. However, it is strongly recommended that you sign the attached form and return it so that professional help in non-emergency situations may be provided to the student.

PARENTAL CONSENT FORM

I ☐ **do agree** <u>OR</u> ☐ **do not** agree (check or circle one) to allow _____to
(Print Student's Name)
receive counseling services from Dr. Patrick Turnock or the TAMS counseling staff while enrolled at the Texas Academy of Math and Science.

I ☐ **do agree** <u>OR</u> ☐ **do not** agree (check or circle one) to allow sessions to be recorded to assist supervision and service quality.

I understand that I may revoke these consents at any time by signing and dating a written notice to that effect.

Parent/Guardian
Print Name _____

Parent/Guardian
Signature _____ Date _____