

# DAWSON-BOYD

## Consent to Counsel

Dawson – Boyd Public Schools has my permission to conduct Social Skills Sessions with our child \_\_\_\_\_. These sessions will be conducted by Tiffany Johnson, MSW, LICSW. She is a licensed School Social Worker. This permission form will remain valid for the 2016-2017 school year.

I understand that I have the right to discuss procedures and results with the school social worker and other school personnel.

Parent/Guardian Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Any other information you would like to share about your child:

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