POTTSTOWN
SCHOOL DISTRICT

Building a Better Tomorrow

www.pottstownschools.com

LINCOLN ELEMENTARY SCHOOL•461 North York Street•Pottstown PA 19464•(610)970-6646•FAX(610)970-6743

Consent for Group Counseling

Lincoln Elementary
2015-2016 School Year

I, _____(Parent/Guardian Name), agree to allow _____(Student Name) to receive group counseling services from Angela Spinozzi, School Psychologist, at Lincoln Elementary for the academic school year 2014-2015. I understand that Angela Spinozzi has a legal obligation to protect the safety of my child. I will be informed if my child reports being in a dangerous or abusive situation. I understand that I may revoke this consent at any time by signing and dating a written notice to that effect.

Parent/Guardian Signature_____Date_____

Parent/ Guardian Information
Home Address:

Home Phone: Ok to leave messages? YES NO
Cell Phone: Ok to leave messages? YES NO
Work Phone: Ok to leave messages? YES NO

Emergency Contact:_____

Please indicate anything that will be helpful to know regarding working with your child:_____
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