



Saskatchewan Rivers School Division
545 – 11th Street East
Prince Albert, Saskatchewan
Canada S6V 1B1
(306) 764-1571

Parental Consent Form School Social Worker

Your child, _____, D.O.B: _____, attending _____ school, has been referred to the school social worker. This referral is the result of the following in-school observations and concerns: _____

Support service provided by the school social worker will take place at the school. Every attempt will be made to ensure the privacy of the student in the school setting, although the student may choose to share the nature of the concerns with others.

It is very helpful to obtain the family's perspective, and many parents prefer to be involved when their children are receiving services beyond their usual education. Please feel free to call the school to arrange a discussion with the school social worker. Although information discussed in the sessions is confidential, a general update of the student's progress will be given and contributing factors may be discussed. Also, as required by law, any information disclosed indicating that a child is at-risk for harm such as abuse, must be reported to local authorities.

Please contact the school social worker or principal if a custody agreement exists.

Your consent is required for their services. Please complete the following. Thank you.

- I AGREE to have my child, _____, seen by the school social worker. I understand that I have the right to be updated by the school social worker if I wish to initiate that contact. Parental permission is valid for 1 year from the date and the signature below. I understand that I have the right to cancel my consent in writing at any time.**
- I DO NOT GIVE CONSENT to have the Sask. Rivers School Division school social worker provide services to my child.**

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

(Purple)