

**Laurier Macdonald High School**  
**INFORMED CONSENT**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year / Month / Day Age: \_\_\_\_\_

I am aware (or have been informed) of the purpose and type of services, the professional's qualifications, the possible approaches, techniques and tools, the probable advantages and risks of intervention as well as the alternatives available. I understand that the Guidance Counsellor will ask for my consent before sharing any information, e.g. with my parents or teachers. I understand that all my meetings will remain private and confidential. However, it has been explained to me that should it ever be his / her assessment that there is a risk of harm to myself or to another person, he / she may take whatever steps necessary, including telling other people, in order to ensure the safety of everyone concerned.

I know that I can, in writing, withdraw consent any time, if I so wish. This would be for the period of one (1) year.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**N.B.**

***For students who are less than fourteen (14) years of age:***

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After a discussion with you, I authorize that information may be shared with individuals concerned with the successful completion of my Diploma of Secondary Studies or with the continuation of my education (teachers, administrators, and other professionals).

\_\_\_\_\_  
Signature of the student or parent/guardian if a minor

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

Professional's Signature \_\_\_\_\_

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

Chad DuMond  
License number: 20833-18

