



Skills for Kids, Parents and Schools (SKIPS)  
www.skillsforkids-SKIPS.com  
**Parent Permission Form**

Name of student: \_\_\_\_\_

Current School: \_\_\_\_\_ grade: \_\_\_\_\_

I hereby authorize the above-named school to allow my child to be seen by a representative of SKIPS and participate in one or all of the services below:

- \_\_\_\_ Individual counseling
- \_\_\_\_ Group counseling
- \_\_\_\_ Strengths/skills focused assessments (occasional)

I understand that students will receive services focused primarily on school related issues which are performed by volunteer doctoral and master students in psychology or family therapy, on the school's premise, for a portion of the year. Initial: \_\_\_\_\_

I understand that SKIPS counselors do not get involved in litigations, letter writing, document preparations, expulsion hearings, custody recommendations, or appearances in court. Parents interested in such service should consult with a court appointed psychologist specializing in that process. Should a parent's legal representative issue a subpoena, all the time spent responding to the said subpoena will be compensated at the SKIPS hourly rate of private practice. Initial: \_\_\_\_\_

\_\_\_\_\_  
Printed name of parents/legal guardians

\_\_\_\_\_  
Signature of first parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of second parent/legal guardian (if separated)

\_\_\_\_\_  
Date