

**Pathway to Leadership**

**Supportive Counseling Consent Form**

Your child has been chosen to participate in the following activity, offered by The Leadership Program and Pathways to Leadership:

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| --- |
| **School:** Spring Creek Educational Campus |
| **Activity:** Individual /Group Supportive Counseling |
| **Days:**  | **Times:**  During school day hours |
| **Location:** On-site at Spring Creek Educational Campus  | Program: **Pathways to Leadership** |

**Participation Release:**

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student’s name)

to participate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Individual** / **Group Supportive Counseling.**

**Health Release:**

I give permission for the teacher in charge, and additional school personnel, to act on my behalf to take measures they deem necessary in the event of sickness or injury during the activity

I do not give my consent \_\_\_\_\_\_

**Photo Release:**

I give permission for *Pathways to Leadership* to take photos and video images of my child to be used in any promotional videos, websites, or brochures that the company creates. These photos may also be displayed at the school or in the community.

I do not give my consent\_\_\_\_\_\_

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**