

Please return to  
Mrs. Liesveld



**Savannah Elementary  
1101 Cotton Exchange Dr.  
Aubrey, TX 76227**

**Informed Consent  
Parent/Guardian Permission for Counseling**

**My child \_\_\_\_\_ has my permission to meet  
with the Counselor for individual/group sessions.**

**I understand that the counselor and the teacher will set up  
an appropriate time for these sessions so that my child will  
not be missing important classroom instruction. I  
understand that I can reach Mrs. Liesveld at  
[aliesveld@dentonisd.org](mailto:aliesveld@dentonisd.org) or 940-369-7404 for more  
information.**

**Parent's Signature \_\_\_\_\_**

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

**Phone Number: \_\_\_\_\_**

**Email Address: \_\_\_\_\_**

Original to Counselor  
Copy to Parent