



EUROPÄISCHE SCHULE KARLSRUHE, Albert-Schweitzer-Straße 1, 76139 Karlsruhe

School Psychologist – Consent Form

The European School of Karlsruhe requires that this information be provided to students & parents, and to be signed verifying that the information has been provided and understood.

Confidentiality Agreement

This document is designed to inform you that information that parents and students reveal to me is treated highly confidential, with the following rare exceptions:

- If someone is a serious physical danger to the student's life
- If a student is a serious physical danger to someone's life

Then, I am legally obliged to report it.

Consent Agreement

IF YOU ARE A STUDENT:

I (*print name*),, agree to participate in meetings with the European School of Karlsruhe school psychologist, Marina Stavrou, during school hours. The duration of the meetings is to be kept within 40 minutes maximum, with exceptions. Every student is entitled to have up to 6 appointments in a specified time-frame, with the school psychologist. For any issue that requires more meetings than agreed, the student is recommended to seek professional help externally from the European School of Karlsruhe.

IF YOU ARE A PARENT/GUARDIAN (ALL LEGAL GUARDIANS NEED TO SIGN):

I/We (*print name*),, give permission to my/our child (*print name*),, to participate in meetings with the European School of Karlsruhe school psychologist, Marina Stavrou, during school hours. The duration of the meetings is to be kept within 40 minutes maximum, with exceptions. Every student is entitled to have up to 6 appointments in a specified time-frame, with the school psychologist. For any issue that requires more meetings than agreed, the student is recommended to seek professional help externally from the European School of Karlsruhe.

By signing this form, I understand and accept that the above information. This consent will be on file throughout the time that your child attends the European School of Karlsruhe. You may revoke this consent at any time.

Child's Class:

Child's Current Medication/Medical Condition (if applicable):
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Please feel free to contact me if you have any concerns or comments. I will be happy to talk with you.

Telephone: 0721 6 80 09 -57

Email: kar-beratung@partner.eursc.eu

Office: Building C, Room 114

Date Signed

Student/Parent Signature

School Psychologist Signature