



**School Check-Out Authorization for Counseling Services**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name:  Foley Middle School  Madison Southern High School

Has permission been signed in the school office for check-out?  Yes  No

Parent/Legal Guardian(s) Name: \_\_\_\_\_

Relationship to Student:  Parent  Legal Guardian

Cell Phone: \_\_\_\_\_ Home/Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

**Authorization Statement:**

I hereby grant permission for my child to be counseled by Parsons Counseling, LLC. This counseling may occur either at the student's school or at Parsons Counseling & Play Therapy Center, for which I give Parsons Counseling permission to check my child out of school and return them to school immediately following counseling session for the duration of said counseling period. I do not hold Madison County Schools responsible for my child during the period after check-out and prior to check-in when returning to school. Further, I do not hold Parsons Counseling liable for any accidents as a result of walking to and from said counseling sessions.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date