

Consent Form

Please read and complete this consent form regarding the use of the school counselling service and the use of photographic images of your daughter.

Student's Name: _____ Form Class: _____

I give permission for my daughter to:

	Yes	No
Avail of the school counselling service should she decide to do so	<input type="checkbox"/>	<input type="checkbox"/>

Have her photograph used for school displays, in school publications and on the school's intranet	<input type="checkbox"/>	<input type="checkbox"/>
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I understand that this permission will extend for the duration of my daughter's attendance at Mount Lourdes.

Signed: _____ (Parent/ Guardian)

Date: _____