



### Social Worker Consent Form

I, \_\_\_\_\_, give my consent for \_\_\_\_\_.

A student of Saint Bernadette Catholic School in grade \_\_\_\_\_ to receive school social work services for the academic year. I understand that if I have any questions I can contact Amy Melillo-Ruocco, MSW, at the school (203) 469-2271. Services provided are confidential.

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Date)

Daytime Telephone number/cell phone number: \_\_\_\_\_

Please note; Services are optional and rendered only at the request of parent/guardians.

\*\*\*Please return this form to the school office in an envelope marked "Social Worker"

