



560 4th Street, Prairie Du Sac, WI 53578
608.643.3663 • fax 608.370.8177 • pathwaytwcc.com

SCHOOL COUNSELING CONSENT FORM

Dear Parent/Guardian/Student,

Pathway to Wellness Community Clinic, SC (PTWCC) is proud to provide services for child/adolescent/yourself within the Sauk Prairie School District. We see students at all Sauk Prairie District Schools. These appointments will allow for less time out of school and less transportation and/or work conflicts for you. If under 18, the first appointment must be held at the clinic with a parent(s) or guardian(s) present.

For the first school appointment, students will be met in their respective school's main office and walked to the appropriate meeting room by their therapist. For subsequent appointments, the therapist will direct the student with the procedure to get to the assigned meeting room.

Listed below are our therapists currently seeing students at the schools. The therapist will want to check in with you every 60-90 days to review treatment plans or more often as needed. For this meeting you can schedule an appointment at the clinic if requested by the therapist. If you need to speak to your child's counselor at any time, please call the clinic directly or email them.

- Kelsey Brady MSW, LCSW ~ KBrady@pathwaytwcc.com
- Rose Casciaro MSW, CAPSW ~ RCasciaro@pathwaytwcc.com
- Megan Glotz LMFT ~ MGlutz@pathwaytwcc.com
- Breana Kirch MSW, APSW ~ BKirch@pathwaytwcc.com

In addition to having this letter signed that authorizes the student/you to be seen during school hours at the designated school, we will also have you complete a Release of Information (ROI), which allows us to communicate directly with the school. You also agree to make appointments for the student/yourself directly through our PTWCC office at 608-643-3663 or directly with the therapist. If you need to cancel or reschedule an appointment, please do so directly with the clinic and remember that our 24 hour late cancel/no show policy still applies. You will need to notify the school as well if there are any scheduled appointments the student or you will not be attending. This will help avoid confusion for everyone. Please pay attention to field trips, special events or school testing conflicts that may arise.

We look forward to serving the student/you at school. Do not hesitate to reach out to us with any questions you may have.

Sincerely,
Pathway to Wellness Community Clinic, SC

Print Student's Name: _____ Date: _____

Signature of parent/guardian/student: _____

Which School does the student attend? _____