

## 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"