

Parental / Guardian Consent Form For Minors (under 18's)
to attend for Counselling

STRICTLY CONFIDENTIAL

I / We _____ (Parent /Guardian), hereby give

My / our consent for _____

(Address) _____

To attend BRYR for counselling purposes with a member of our counselling team.

It is also understood that the counseling / play therapy session is strictly confidential to the client i.e. minor and exceptions (**as per the Children's First Act**) to confidentiality within the session will be discussed, clarified and agreed prior to commencement of therapy with parent / guardian and client.

Signature: _____ *Client*

Signature: _____ *PARENT / GUARDIAN*

Signature: _____ *PARENT / GUARDIAN*

Witnessed by:

Approved by:

Date: