

Adam Goward Counselling

Dip. Couns. Mbacp

Parental Consent For Child Counselling

I, **[parent's name]**

give consent for my child **[child's name]**

to receive counselling.

I understand that the counselling is confidential and will help my child explore their thoughts and feelings about the issues which trouble them.

I understand that if the Counsellor feels that my child is at risk of harm, or causing harm to another, they are legally bound to speak to me and any appropriate outside agencies to ensure maximum support for my child.

Signed **[Parent]**

Date

Signed **[Counsellor]** *A. Goward*

Date