

CONSENT FOR COUNSELLING SERVICES FOR CHILDREN UNDER 15

I declare that I, _____, am the parent/guardian of

(parent /guardian name)

, and

(child(ren) name)

☐ (a) I am the sole parent/guardian

☐ (b) I share parenting rights and responsibilities with _____.

(print name)

NOTE: If "b" above is indicated, the other named individual(s) must sign the consent as well.

PARENT/GUARDIAN CONSENT FOR SERVICE AGREEMENT

I understand that Counselling services are confidential and that my child's privacy will be respected within the normal limits of confidentiality. When it is in the best interest of the child, the counsellor may encourage them to share information with their parent or guardian.

I agree that neither I nor anyone acting on my behalf will ask the counsellor to give written or verbal testimony in court about custody, access, or any related legal matters. I also understand that CFS does not provide custody or access assessments.

I have read or had the information on this form explained to me and I hereby consent to have my child participate in counselling.

Parent/Guardian: _____

Parent/Guardian: _____

Signature: _____

Signature: _____

Date: _____

Date: _____