



CHILD CONSENT FORM

CONFIDENTIAL DOCUMENT
COUNSELLING FOR CHILDREN CONSENT

COUNSELLING FOR CHILDREN (UNDER THE AGE OF CONSENT)
ACKNOWLEDGMENT, CONSENT AND WAIVER

I, _____ parent/legal guardian's name warrant that I have the authority to consent for my child(ren) to participate in Counselling offered by Fernie Counselling & Consulting. I hereby give my consent for my child(ren) to participate in counselling offered by Cheryl Hulburd MSW, RSW, CPT, RPT/S, EMDR CERTIFIED, EMDR APPROVED CONSULTANT, LENS PROVIDER. I understand and agree that I am responsible for my children's safety including transportation to and from counselling appointments provided by Fernie Counselling & Consulting.

I agree that I will remain on the counselling premises during all sessions attended by my child(ren). I understand that my child will have the opportunity to share his/her feelings, expectations and attitudes about our life circumstances. Should I be included in the counselling, my involvement will focus on ways of helping the child to adjust more successfully to these circumstances. and to contribute to general family wellness. I understand and agree that all information, communications, observations and opinions derived from counselling shall be considered private and confidential within the limitations of ethical practice and applicable Provincial legislation.

I also acknowledge that Fernie Counselling & Consulting will maintain confidentiality of information and documentation to the extent allowed by law. I agree that neither myself nor anyone representing me shall call on Fernie Counselling & Consulting during or at any time after it to provide either written or oral testimony at any examination trial or application in any court where the marriage, the custody of or access to the child(ren) are in issue or related to the issues of dispute between me and any other person without prior written agreement from Fernie Counselling & Consulting. I understand that if I wish, may obtain independent legal advice prior to signing this consent.

I have signed to indicate that I have read, understood, and agree to the above.

Name of Parent /Legal Guardian: _____

Name of Child(ren): _____

Address: _____

Signed: _____ Witnessed: _____

Date: _____ Date: _____