



Cheryl Hulburd MSW RSW RPT CPT  
EMDR Certified  
Fernie Counselling & Consulting  
P.O. Box Fernie BC VoB 1Mo  
250-423-2608  
cheryl@ferniecounselling.ca  
www.ferniecounselling.ca

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 RPT CPT (EMDR Certified).

I understand and agree that I am responsible for my children's safety including transportation to and from counselling appointments provided by Ferne 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 al 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 not 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 trail 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: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

\*Children over the age of consent can pursue counselling on their own behalf without parental permission as determined by applicable Provincial legislation.



Cheryl Hulburd MSW RSW RPT CPT  
EMDR Certified  
Fernie Counselling & Consulting  
P.O. Box Fernie BC VoB 1Mo  
250-423-2608  
cheryl@ferniecounselling.ca  
www.ferniecounselling.ca