



CHILDREN CONSENT FOR COUNSELLING

I, _____ (parent/ legal guardian's name) warrant that I have the authority to consent for my child to meet with Michelle Nelson, the counsellor to participate in counselling.

I understand that my child(ren) will have the opportunity to share their feelings, expectations and attitudes about our life circumstances. Should I be included in counselling sessions, my involvement will focus on ways of helping the child(ren) to adjust more successfully to these circumstances and contribute to the wellness of the family.

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 to Provincial Legislation. There are legal limits to confidentiality such as in the event of subpoena and any person who has reasonable grounds to believe that a child is in need of protection must report the circumstances to the Ministry of Children and Family Development.

Name of Parent/Legal Guardian: _____

Name(s) of Child(ren): _____

Address: _____

Signed: _____ Witness: _____

Date: _____ Date: _____