



PCI College

Education and Training in
Mental Health and Wellbeing

Parental / Guardian Consent Form For Minors (under 18's)
to attend for Counselling

STRICTLY CONFIDENTIAL

I / We _____ (Parent /Guardian), hereby give

My / our consent for _____ (My / our son / daughter) of

(Address)

To attend _____ (Counsellor's Name) for counselling purposes.

It is also understood that the counseling / play therapy session is strictly confidential to the client i.e. minor and exceptions **(as per the Children's First Act)** to confidentiality within the session will be discussed, clarified and agreed prior to commencement of therapy with parent / guardian and client.

Signature: _____ Client

Signature: _____ PARENT / GUARDIAN

Signature: _____ PARENT / GUARDIAN

Witnessed by: _____ Counsellor / Teacher / Principal

Date: _____