

Parental Consent Form

Parental/guardian information:

Title: _____ Name: _____

Contact details mother:

_____ cell
_____ home
_____ work
_____ e-mail address

Contact details of father:

_____ cell
_____ home
_____ work
_____ e-mail address

Home address: _____

Home address: _____

Child information:

Name: _____

DOB: _____

Age: _____

Grade: _____

School: _____

Class teacher: _____

Medical Aid: _____

Medical Aid number: _____

Main member: _____

Main members ID number: _____

I, _____, parent/guardian of _____

hereby consent that _____ : embarks on 8 sessions of play therapy with

SIGN:

1) Counsellor, Miss Jodi Lord. _____

2) Jodi can consult with your child's school file. _____

3) Jodi can consult with your child's school teacher/principal if need be. _____

4) Please state whether your child is currently in therapy or seeing a psychologist. Y / N

Please state previous psychologists/social workers/counsellors or psychological assessments that your child has had, with relevant contact numbers.

5) Is your child currently on any medication?

Days and times available:

Once a time and date is decided upon, it is important that these times are respected and are not changed unless for an emergency. If your child is absent on the day of therapy, it is the parent's/guardian's responsibility to inform the therapist.

Signed

Date