

# 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