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PARENTAL CONSENT FOR COUNSELLING CHILDREN UNDER 12 YEARS OF AGE

(Please put ✓ in if applicable)

In agreement to the conditions of service, I/We hereby give consent for my/our child(ren) to receive counselling at **Catholic Family Services of Durham/ Services à la famille catholiques de Durham.**

I/We understand that in giving consent for counselling, I am consenting to the therapeutic intervention assessed as clinically indicated by the therapist and could include (but is not limited to): individual work, group work, and/or family work. If I/We have questions about the therapeutic approach I/We can discuss them with the therapist.

I/We understand that in separation/divorce when the custody rights of the child(ren) are shared, consent from both parents is preferred for my/our child(ren) to receive counselling at **Catholic Family Services of Durham/ Services à la famille catholiques de Durham.**

I/We have:

- permanent sole or
- temporary sole or
- permanent joint or
- temporary joint custody rights of the child(ren); and consent from both parents is:
 - needed not needed.

The name(s) and date(s) of birth of the child(ren) is(are) listed as below:

_____/____/____
Child Name Date of Birth (month/day/year)

_____/____/____
Child Name Date of Birth (month/day/year)

_____/____/____ _____
Parent's Signature Date of Signature (month/day/year) Parent printed name and contact number

_____/____/____ _____
3rd Party Witness' Signature Date of Signature (month/day/year) Witness printed name & contact number

_____/____/____ _____
Parent's Signature Date of Signature (month/day/year) Parent Printed name and contact number

_____/____/____ _____
3rd Party Witness' Signature Date of Signature (month/day/year) Witness printed name & contact number

_____/____/____ _____
Counsellor's Signature (include credentials) Date of Signature (month/day/year)