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**Catholic Family Services of Durham**  
**Services à la famille catholiques de Durham**

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Oshawa, Ontario L1H 4K5  
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We're here for you / Nous sommes là pour vous

## 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 decision making responsibility for the child(ren) is 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.**

Non-applicable, parents are together

I/We have:

- permanent sole decision making or
- temporary sole decision making or
- permanent joint decision making or
- temporary joint decision making of the child(ren); and consent from both parents is:  
 needed  not needed.
- other \_\_\_\_\_

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

\_\_\_\_\_  
3<sup>rd</sup> 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

\_\_\_\_\_  
3<sup>rd</sup> Party Witness' Signature Date of Signature (month/day/year) Witness printed name & contact number