

Parental Consent Form for Child Counselling

A **parental consent form** sample for child counselling ensures legal permission is obtained before therapy sessions begin. This document outlines the purpose, confidentiality, and scope of counselling to protect both the child and the counselor. Using a clear and detailed consent form promotes trust and transparency in the therapeutic process.

1. Child's Information

Full Name of Child:

Date of Birth:

2. Parent/Guardian Information

Full Name of Parent/Guardian:

Relationship to Child:

Contact Number:

3. Purpose of Counselling

I understand that my child will participate in counselling sessions to address emotional, behavioral, or psychological concerns. The purpose of these sessions is to support my child's well-being and development.

4. Confidentiality

All information shared during counselling is confidential. Exceptions include circumstances required by law, such as risk of harm to the child or others.

5. Consent and Agreement

I, the undersigned, give permission for my child to participate in counselling sessions. I acknowledge that I have read and understood the information above and agree to the terms of service.

Signature of Parent/Guardian:

Date: