

CONSENT FOR CHILD COUNSELLING

I / WE \_\_\_\_\_ consent to

have my / our child(ren) \_\_\_\_\_

(Date of birth:) \_\_\_\_\_

in counselling with Marla Rauser of Care Counselling, Family Counsellor  
B.A. (HON) B.S.W. R.S.W. 1987      306 821 - 0377.

\_\_\_\_\_  
Print your name and sign

Date:

\_\_\_\_\_  
Witness

Date:

\_\_\_\_\_  
Print and sign your name

Date:

\_\_\_\_\_  
Witness

Date: