

Care Counselling

Child Consent for Counselling

Child(ren) Name(s) and Birthdate(s):

Parent/Guardian Name(s):

Phone Number(s):

Email(s):

I give permission for my child(ren) _____

to receive counselling services from Care Counselling. My signature below indicates that I understand that my child(ren) will be attending counselling sessions with Emma Patenaude at Care Counselling. This is valid for one calendar year following the signed date.

Please sign and date below:

Parent/Guardian Signature(s):

Date: _____

Witness Signature:

If you have any questions or concerns, please contact:

Emma Patenaude – (306) 821-6967 or epatenaude0@gmail.com

B.A. Psychology, RPC (Registered Professional Counsellor), CCPCPR (Canadian College of Professional Counsellors and Psychotherapists Registrant)