



CONSENT OF PARENTS WITH JOINT CUSTODY FOR CHILD(REN) TO BEGIN COUNSELLING SESSIONS

Signatures below signify consent/knowledge of counselling for child(ren) listed herein at PPC – Professional Psychologists & Counsellors (Prof. Corp.).

NAME(S) OF CHILD(REN)	AGE	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____

Signature of Mother: _____

Printed Name (Mother): _____

Signature of Witness: _____

Printed Name (Witness): _____

Signature of Father: _____

Printed Name (Father): _____

Signature of Witness: _____

Printed Name (Witness): _____

Signature of Therapist: _____

Printed Name (Therapist): _____

THIS FORM TO BE RETAINED ON CLIENT FILE