



CONSENT OF PARENTS WITH *JOINT CUSTODY* FOR CHILD TO BEGIN COUNSELLING SESSIONS

CHILD'S FULL NAME

CURRENT AGE

DATE OF BIRTH

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

Mother's Signature: _____

Printed Name: _____

Date: _____

Witness Signature: _____

Printed Name: _____

Father's Signature: _____

Printed Name: _____

Date: _____

Witness Signature: _____

Printed Name: _____

Therapist's Signature: _____

Printed Name: _____

Date: _____

DECLARATION OF SINGLE PARENT WITH *NO COURT-ORDERED, NOTARIZED OR FORMAL CUSTODY ARRANGEMENT*

My signature below indicates that I declare there is no court-ordered, notarized or formal custody arrangement of any kind in place, and that I have full decision-making authorization. There is no requirement or possibility (legal or otherwise) for my child's other biological parent to be advised of our child's attendance.

Parent's Signature: _____

Printed Name: _____

Date: _____

TO BE RETAINED ON CLIENT FILE

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