**CONSENT FORM FOR PARENTS AND GUARDIANS**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend counselling sessions at PURE COUNSELLING. I acknowledge that the counselling is confidential and that my son/daughter may wish to keep the process and content of matters raised in counselling between him/her and the counsellor.

All counsellors have a duty of care and comply with professional code of ethics; Australian Counselling Association. When the counsellor has been advised or alerted to a risk of harm to the client or to others, they will need to disclose the information to parents, doctors or police.

I understand that my son/daughter may wish to share information with me (the parent) at any time but the onus to share lies with him or her and not with the counsellor.

Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_