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CONSENT FORM FOR PARENTS AND GUARDIANS

I _____ (*name of parent/guardian*) give consent for my son/daughter _____ (*name of child*) to attend counselling sessions at **Renovate Counselling & Psychotherapy**. I acknowledge that the content of the counselling session is confidential and that my child may wish to keep the process and content of matters raised in counselling between him/her and the therapist.

All counsellors/therapists have a duty of care and comply with professional code of ethics of the Psychotherapy and Counselling Federation of Australia (PACFA). During the session, if the child discloses information that may pose risk of harm to the client or others, such information will be disclosed to parent/guardian, doctors or police as appropriate.

I understand that my child may wish to share information with me (the parent) at any time but the responsibility to share lies with your child and not with the therapist.

Name of parent/guardian: _____

Signed: _____ Date ____ / ____ / _____