



## Parental Consent for Child or Adolescent Counselling

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I, \_\_\_\_\_, parent(s) or legal guardian(s) of  
\_\_\_\_\_ (child's name) give consent for him or her to enter into  
a counselling relationship with \_\_\_\_\_ (counsellor's name) at  
Bow Valley Counselling & Mediation.

Parents do have the legal right to know information shared by their child in counselling sessions. However, Bow Valley Counselling and Mediation requests that parents agree to respect the privacy as much as possible for young clients in order for them to feel they are able to communicate and benefit from the confidentiality of a counselling relationship. Counsellors will share information about counselling themes and how best to support the child in his or her improved wellbeing.

Parents understand that in child counselling the counsellor identifies the child as the client with whom the primary counselling relationship exists – not the parents. Parent sessions are designed to be consultative in nature in order to offer information about better supporting the child at home.

**I understand that confidentiality will be broken in cases where there is an identified risk of harm to herself/ himself or to others, in cases of abuse or neglect and in other situations that are required by law.**

I have had the opportunity to discuss the risks and benefits of treatment and have had an opportunity to have my questions answered with regard to the planned treatment and interventions for my child.

**I hereby declare that I am the parent or legal guardian of this child, meaning that I have the legal authority to make decisions for this child without the consent of any other person or agency appointed as a legal guardian of this child.**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Print: \_\_\_\_\_

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

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