



**PARENT CONSENT FORM - 5.2**

**I agree to my child being given psychotherapy and have been given a copy of the policies and conditions 'Code of Ethics and Professional Conduct for working with children' under which the psychotherapist works.**

**If I have any issues, I agree to contact the therapist to discuss them.**

My child's name \_\_\_\_\_

Name of school \_\_\_\_\_

Name of G.P \_\_\_\_\_

G.P.s Address/Tel \_\_\_\_\_

Name of Parent/Carer \_\_\_\_\_ (please print)

Parent/Carer's signature \_\_\_\_\_ Date \_\_\_\_\_

**Any comments you wish to make regarding your child's particular needs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The therapist working with your child may wish on occasions to record a session, so that he can think about it more carefully afterwards, sometimes in a small supervision group. This will ensure that your child gets the very best service possible.**

**Confidentiality is assured at all times. Please indicate below if you are willing for the sessions to be recorded.**

**I am willing for sessions to be tape recorded (please circle your response) No/ Yes Init \_\_\_\_\_**

**Please note NO may result in your child not being given psychotherapy**