

PARENTAL / GUARDIAN PERMISSION FOR COUNSELLING

(Required for young people 17 and under)

I hereby give permission for my child to receive counselling at Reach.

Child's name (BLOCK CAPITALS):

Date of birth: Age:

Parent or Guardian Signature(s):

.....

Parent or Guardian
Name(s) (BLOCK CAPITALS):

.....

Relationship to child:

Date(s) of signing:

Every child is entitled to a degree of confidentiality but as each case is different it is recommended that you discuss the nature of this with your child's counsellor.

Please note: counselling for children is only available in Liverpool and Chester.

Christian Counselling

Liverpool – Manchester – West Kirby – Chester – Sheffield – Wrexham

85a Allerton Road, Liverpool L18 2DA

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