# 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.*