# PARENTAL/GUARDIAN PERMISSION FOR COUNSELLING

(Required for young people 17 and under )

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

1st Child’s name (BLOCK CAPITALS): ………………………………………..

## Date of birth: ……………………….. Age: ……………………………

2nd Child’s name (BLOCK CAPITALS): …………………………………………

## Date of birth: ……………………….. Age: ……………………………

Parent or Guardian Signature(s): ……………………………………………..

 ……………………………………………..

Parent or Guardian

Name(s) (BLOCK CAPITALS): ……………………………………………..

 ……………………………………………..

Relationship to children: ……………………………………………..

 ……………………………………………..

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.