



**COUNSELLING FOR CHILDREN (UNDER THE AGE OF CONSENT)**  
**ACKNOWLEDGEMENT, CONSENT AND WAIVER**

File # : \_\_\_\_\_

I, \_\_\_\_\_ (parent/legal guardian's name), acknowledge that I am the parent/guardian of the child(ren) listed below and that I have \_\_\_\_\_ (sole or joint) custody of said child(ren). I warrant that I have authority to consent for my child(ren) to participate in counselling offered by the Family Counselling Centre. I hereby give my consent for my child(ren) to participate in counselling offered by the Family Counselling Centre.

I understand that my child(ren) will have the opportunity to share his/her/their feelings, expectations and attitudes about our circumstances. Should I be included in the counselling, my involvement will focus on ways of helping the child(ren) to adjust more successfully to these circumstances, and to contribute to general family "wellness".

I understand and agree that all information, communications, observations and opinions derived from counselling shall be considered private and confidential within the limitations of ethical practice and applicable Provincial legislation. I also acknowledge that the Family Counselling Centre will maintain confidentiality of information and documentation to the extent allowed by law.

I agree that neither myself nor anyone representing me shall call on a Family Counselling Centre employee during or at any time after counseling to provide either written or oral testimony at any examination trial, or application in any court where the marriage, the custody of or access to the child(ren) are an issue or are related to the issues or dispute between me and any other person. The Family Counselling Centre does not provide specialized custody/access assessments.

I understand that if I wish I may obtain independent legal advice prior to signing this consent. I have signed to indicate that I have read, understood, and agree to the above.

Name of Parent/Legal Guardian: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

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

Witness: \_\_\_\_\_