

Parental Consent

I, \_\_\_\_\_ am the parent/legal guardian of:

\_\_\_\_\_  
(Full name of Child)

\_\_\_\_\_  
(Date of Birth)

who is a minor under the age of 16 years. I hereby give my consent to:

\_\_\_\_\_  
(Full name of Child)

Laura M. Dowler, M.S.W., R.S.W.  
(Name of Counsellor)

To provide counselling services to my child, named above. I am aware that this consent does not permit the Counsellor to discuss the content of his/her meetings with my child with me. The discussion with my child will be held in strict confidence by the Counsellor.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laura M. Dowler | M.S.W., R.S.W.

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