PARENT CONSENT FORM – INSIDE OUT PSYCHOTHERAPY

I agree to my child being given psychotherapy and have been given a copy of the policies and conditions 'Code of Ethics and Professional Conduct for working with children' under which Clive Bowring MA Integrative Arts Child Psychotherapist works.

If I have any issues, I agree to contact the therapist to discuss them.

My child's name _____

Name of school _____

Name of G.P _____

G.P.s Address/Tel _____

Name of Parent/Carer _____ (please print)

Parent/Carer's signature _____ Date _____

Any comments you wish to make regarding your child's particular needs:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____continue on next page

When working with your child I may wish on occasions to record a session, so that I can think about it more carefully afterwards, sometimes with my Supervisiing Therapist. This will ensure that your child gets the very best service possible.

Confidentiality is assured at all times. Please indicate below if you are willing for the sessions to be recorded.

I am willing for sessions to be tape recorded (please circle your response) No/ **Yes** Init ____