



PARENTAL CONSENT FORM

At Shalom Counselling Centre of Alberta, we prefer to work with the participation of parents of children/adolescents in the counselling process. There are times, however, when children and particularly adolescents may be best helped if they are able to speak to a counsellor individually. Children/adolescents are encouraged to find ways to communicate constructively about important issues to their parents/guardians who often appreciate the value of having their child/adolescent speak openly to a trained professional rather than keeping significant issues inside or only sharing concerns with peers. The limits of confidentiality (as outlined in the Informed Consent), includes the following:

- provision for the counsellor's clinical consultation and/or supervision
- processing of clerical information by support staff
- communication with professionals or related parties with the permission of the client
- when the law requires information to be provided; as with a subpoena
- when required for the protection of children in issues of child abuse/neglect
- when necessary to prevent clear and imminent danger to the client or others

In situations involving joint custody or where there have been recent separations and parenting issues have not yet been settled, we ask for the consent of both parents/guardians.

I/We grant permission for my/our child/adolescent to receive counselling services at Shalom.

Child/Adolescent Full Name (under 18 years of age)

Parent/Legal Guardian Full Name

Parent/Legal Guardian Full Name

Signature

Signature

Date

Date

This consent is valid for twelve months from the date signed until: _____