

Play therapy – parent's permission



Child's Name & Surname:

I understand that any information or personal details you collect about me, my child or family during play therapy are confidential, and that neither my name, address, nor any other information that identifies me or my child will be released or published outside your organisation/agency/school.

(During the course of therapy we will be recording information about your son or daughter but we will not reveal your child's name and address in any information we share with anyone else, unless it is for medical or legal reasons. We use all information in line with the Data Protection Act. Please ask us if you would like details of the information that we collect and how we use it.)

I agree that my child can attend therapeutic play or play therapy sessions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree that the information you collect will be used for monitoring and review purposes, as part of the therapist's supervision.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I agree that clinical information that does not identify my child may be used for research purposes and for case studies. I understand that any information used will remain confidential, and that no information that identifies me or my child will be used or published. If I do not agree to you using information as above, this will not affect any care my child receives.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent's signature:	Date:	
Please print your full name:		
Parent's signature:	Date:	
Please print your full name:		

Play Therapy UK Data Protection Register number: ZA107748