



# Baeotus Therapy

## Walk and Talk Parental Consent Form

This form is in addition to the formally agreed working agreement and all aspects of the previous agreement to our working agreement will remain in place. This agreement will be in place for an agreed period of 3 months and then reviewed and discussed.

Name:

Age:

Emergency contact: Please provide the contact details for someone else (*in the event the young person is unwell during a session, this can be a family member or support worker, who is over the age of 18 years old. Please inform them that you have provided this information*):

Name:

Relationship to you:

Telephone number:

Email:

I reserve the right to withdraw the offer of Walk and Talk sessions at any time where necessary and will advise you of the reasons regarding the decision. This decision may be made during a session due to weather, risk assessment or safe-guarding concerns.

I \_\_\_\_\_ have read and discussed with the therapist the details of Walk & Talk Therapy. I have agreed for my child/the child I am responsible for, to conduct therapy sessions outdoors.

By signing this form. I take full responsibility for advising Baeotus Therapy of any outstanding medical issues before session.

My therapist will make every effort to preserve client confidentiality and privacy while conducting my Walk & Talk Therapy session and will discuss prior to commencing walk and talk sessions on how they would like to proceed in the event they come into contact with someone they/I know while in our session.

I agree that I will bring water, nourishment and the appropriate attire and footwear needed for the Walk and Talk session.

I agree that a risk assessment has been carried out and discussed and a planned route for the session has been agreed.

I acknowledge that I have received and understood the information about Walk and Talk Therapy that I am considering for the minor/child. It is understood that the minor/child will be participating in Walk and Talk Therapy. I have had all my questions answered fully. My signature below indicates that I have read this agreement for services carefully and understand and agree to its contents.

Parent/guardian signature:

Date: