



H I B E R N I U M
Counselling & Psychotherapy Service OnLine

CONSENT FORM

Parental / Guardian Consent Form For Minors (under 18's) to attend for Counselling

STRICTLY CONFIDENTIAL

I / We _____ (Parent /Guardian), hereby give My / our consent

for _____

(Address) _____

To attend Bogucki Psychotherapy Practice/Hibernium Therapy for counselling purposes with a member of our counselling team. It is also understood that the counseling and psychotherapy session is strictly confidential to the client i.e. minor and exceptions (as per the Children's First Act 2015) to confidentiality within the session will be discussed, clarified and agreed prior to commencement of therapy with parent / guardian and client.

Signature:

WWW.HIBERNIUMTHERAPY.COM

mobile: 00353 899 55 100 3 email: hiberniumtherapy@gmail.com

[Booking Appointments](#)



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Young Person Signature _____

Client Signature: PARENT / GUARDIAN _____

Second Signature: PARENT / GUARDIAN _____

Witnessed by:

Approved by:

Date

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