



Great Heights, Calm Minds
Psychology

PERMISSION FOR SERVICES TO MINOR

I / We _____, (parents/guardians) give permission
for the minor/ child noted below to receive counselling/assessment services with
_____ (Counsellor) at Great Heights, Calm Minds Psychology.

Name (minor): _____

If I choose to withdraw this permission, I understand that it must be withdrawn in writing.
I understand that professional and agency standards and guidelines shall apply to
these services.

Signature: _____

Additional notations if required:

