

Parental Consent for Counselling

Ultimate Wellness Inc. wants to ensure that both parents who have parental authority of the children be informed of the counselling services for their children in order for us to extend services.

After reading the information present in this consent form, I

I _____ Parent of _____
(Parent's name) (Child's Name)

who is _____ years of age, born on _____
(Date of Birth)

allows Ultimate Wellness Inc. to provide counselling to my child. I commit myself to inform the other parent who has legal authority of the child of the counselling services given to the child and the procedures to take place in the event that he or she would no longer agree to counselling.

(Parent Signature)

(Date)