



## Consent for Counselling of a Minor Child

RE: \_\_\_\_\_  
PRINT CHILD'S NAME

As legal guardian of the above named child, I hereby give my consent to receive counselling support from the Dragonfly Counselling & Support Centre.

OR

Having sole custody of the above named child, I hereby give my consent to receive counselling from the Dragonfly Counselling & Support Centre.

OR

Having joint custody of the above named child, we hereby give our consent to receive counselling from the Dragonfly Counselling & Support Centre.

\_\_\_\_\_

Print Name of Guardian

\_\_\_\_\_

Signature of Guardian

\_\_\_\_\_

Print Name of Guardian

\_\_\_\_\_

Signature of Guardian

\_\_\_\_\_  
Name of Dragonfly Counselling Staff

\_\_\_\_\_  
Signature of Dragonfly Counselling Staff

Date: \_\_\_\_\_