West Carleton

Family Health Team

Parent/Guardian Agreement for Counselling Services for a Minor

Name of Child:_____ Child's Date of Birth:_____
(dd/mm/yyyy)

When a child is referred for counselling sessions both legal guardians must consent to services provided. In signing this agreement, you agree to the following:

- We consent to the West Carleton Family Health Team providing counselling services with the above named child.
- We understand that all material discussed during the counselling sessions is confidential and can be released only with permission of the client (child). We understand that the counsellor has a duty to maintain confidentiality except when there is a danger to the client or others; abuse or neglect of a child is suspected and has not been reported; or as required by law.
- We understand that this agreement is valid until counselling services are completed.

_____ Name of Parent	_____ Name of Parent
_____ Relationship to Child	_____ Relationship to Child
_____ Signature of Parent	_____ Signature of Parent
_____ Date	_____ Date
_____ Witness Signature	_____ Witness Signature
_____ Date	_____ Date

WEST CARLETON
family health centre
keeping our community healthy

• Dr. Rachael Adams • Dr. Barry Bruce • Dr. Ewa Ciechanska • Dr. Amanda Connell • Dr. Jeanette Dionne
• Dr. Karen Ferguson • Dr. Mark Fraser • Dr. Michelle Lawler • Dr. Kathy McBride • Dr. Lisa Rosenkrantz
• Dr. Rob Stecher • Dr. Kristen Tonon • Dr. Eugene Vigneron
119 Langstaff Drive, P.O. Box 218, Carp, ON K0A 1L0
Tel: 613.839.3271 • **Fax**: 613.839.3273 • www.wcfht.ca