Counsellor’s Name and Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Play Therapy Consent Form**

I give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend play therapy

sessions with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( counsellor’s name).

Parent name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Consent for Videotaping**

I videotape sessions to help me do my best work. If I need assistance, it’s

helpful to have video clips to show my supervisor for feedback.

Video clips that are not used are erased.

Please check one of the following. If yes, please sign below.

 **Yes**, I agree to videotaping of play therapy sessions for **supervision purposes**

 **No**, I do not wish to have play therapy sessions videotaped.

I hereby consent to the videotaping of my child’s play therapy sessions with Helen Ritchie. These recordings will be kept confidential and will be used only for the purpose of supervision. I understand that this consent may be revoked at any time.

Signature(s) of parent(s) /guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality**

The information that your child shares with me is kept confidential. There are rare cases, however, in which I might have to divulge information regarding your child, specifically if there is a child protection issues, if there is threat of harm to self or others, or if required by law.