Parental Consent Form

PARENTAL CONSENT FORM

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

Parent/Legal Guardian Name: _____ **Address:** _____

City: _____ **State:** _____

Zip Code: _____ **Phone Number:** _____

Email: _____

I, the undersigned, am the parent/legal guardian of the above-named child and hereby grant permission for him/her to participate in Counselling Services organised by The Second Door Counselling Services from the date of signing this letter and onwards:

I acknowledge and understand that my child's participation in this activity/program/event is voluntary and that there are certain risks associated with it. I agree to assume these risks and release Shivani Mittal and its officers, employees, and agents from any and all liability, claims, or damages arising from my child's participation.

Authorized person for emergency counselling services:

I understand that every effort will be made to contact me or the emergency contact listed below in the event of an emergency.

Emergency Contact Name: _____ **Emergency Contact Phone Number:** _____

☐ I have read and understood the contents of this parental consent form and agree to its terms.

Parent/Legal Guardian Signature:
Date: _____ dd / mm / yyyy

Practitioner's Signature: Shivani Mittal
Date: _____ dd / mm / yyyy