

Parental Consent Form

I, (Parent's name) consent to my child(ren):

Child's Name: DOB:

Child's Name: DOB:

receiving counselling treatment services from Positive Kids Inc. My/our current custody status is:

- Shared Custody (both parents living together, married or common law)
- Shared Custody (undergoing separation/divorce, no official custody agreement yet)
- Shared Custody (parents not living together, official shared custody agreement)
- Sole Custody by
(official custody agreement - copy will be required for file)
- Other:

1. I understand that all information will be kept strictly confidential, with the following exceptions:
- Knowledge of ongoing abuse or neglect of a minor (including your child) or a dependent adult.
 - Imminent and serious risk of suicide for your child, or risk of harm towards other(s).

Your signature at the bottom of the page indicates that you have discussed the following information with Positive Kids, and understand and agree to all of the information provided. You can call Positive Kids Inc. at 866-503-7454 at any time to receive updates about your child (ren)'s treatment plan and/or progress.

1.
Signature of Parent(s)/Legal Guardian(s)
Relationship to Child

2.
Signature of Parent(s)/Legal Guardian(s)
Relationship to Child