

Beyond Balance Counselling & Consulting
Michelle Hamilton, M.Ed.
Registered Psychologist (AB permit #3679)
Lloydminster, AB.
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CONSENT FOR A CHILD (under 18) TO OBTAIN COUNSELLING SERVICES WITH MICHELLE HAMILTON, Registered Psychologist (Michelle Hamilton Psychological Services Ltd.), LLOYDMINSTER, ALBERTA

I, _____, hereby give permission for

(child/chilren's name) _____

_____ to receive counselling by Michelle Hamilton.

Information revealed within a session with the child is confidential unless it is required by law to be reported. This would occur if the child were at risk to harm him or herself, or to harm someone else or in the case of suspected child abuse or risk of danger to the child.

Progress in counselling and intervention used will be discussed with the parent (s) /guardian (s). It is further understood that information obtained by Michelle Hamilton will not be released to another party without the parent (s)/guardian(s) informed consent.

Name: _____

Signature of Parent/guardian: _____ **Date:** _____

Name: _____

Signature of Parent/guardian: _____ **Date:** _____