



**Genesis Psychotherapy  
& Family Therapy Service CLG**

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**Parental Consent Form**

This form must be signed by the parents or guardians of minors (less than 18 years old) who attend Genesis.

We follow Children First Guidelines (2017), in relation to Child Protection and Welfare. This will be explained by your therapist. You can also refer to our Child Protection and Welfare Policy which can be found in reception. Please note that we do not provide reports for solicitors.

As a Parent/Guardian of

_____	<b>Date of birth:</b> _____
_____	<b>Date of birth:</b> _____
_____	<b>Date of birth:</b> _____
_____	<b>Date of birth:</b> _____

**I/We consent to the above named child/children attending Genesis Psychotherapy & Family Therapy Service.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_