

Child Therapy Consent Form

Client's Details

Child's Full Name: _____

Child's Date of Birth: _____

Age: _____

Parent/Guardian's Name: _____

Relationship to Child: _____

Contact Number (Parent/Guardian): _____

Parent/Guardian Consent

As the parent or guardian of the child named above, I give my permission for my child to receive therapy with Laura Adlam Therapy Solutions. I understand that therapy will involve either Hypnotherapy, Solution-Focused Brief Therapy (SFBT), or Rewind Therapy, and the therapist will explain the therapy process to my child in an age-appropriate way.

I acknowledge the following:

- **Confidentiality:** What my child discusses during therapy will be kept confidential. However, I understand that if there are concerns about my child's safety (e.g., risk of harm to themselves or others), the therapist may need to share information with me or relevant authorities.
- **Nature of Therapy:** The therapist will discuss the goals of therapy with both me and my child. The therapist will explain how the therapy will work and the expected outcomes. I understand that therapy results can vary from person to person.
- **Communication:** The therapist will ensure my child understands what is happening during the therapy sessions. If needed, I can request feedback from the therapist regarding the progress of the therapy sessions.
- **Right to Withdraw:** I understand that my child has the right to stop therapy at any time. If my child wishes to discontinue therapy, they can do so without penalty or consequence.

Laura Adlam Therapy Solutions

Email: info@adlamtherapy.com

Phone: 07749813600

By signing below, I confirm that I give my full consent for my child to receive therapy with Laura Adlam Therapy Solutions.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Child's Assent (If Applicable)

I, _____ agree to take part in therapy with Laura Adlam Therapy Solutions. I understand that I can ask questions if I don't understand anything and that the therapist will explain things to me.

I know that what I say during therapy is private, but if I tell the therapist something that makes them worry about my safety or someone else's, they might need to tell my parent or another person who can help.

I understand that I can choose to stop therapy at any time.

Child's Signature: _____

Print Name: _____

Date: _____