



Art Therapy Service

Karen Birch
Art Therapist

PARENT / CARER CONSENT FORM

I (full name) _____ give permission for my child /
children (name or names) _____, Year _____,
to attend Art Therapy sessions at (name of school/centre) _____

- **I understand that the Art Therapist cannot discuss with me the content of the sessions without my child's consent.**
- I am aware I may request a meeting with the therapist before or during the course of therapy if I have any questions about my child / children's progress.
- I have been given information about Art Therapy and understand what it involves. I am aware that the sessions will take place within school time and premises, or at a pre-agreed family centre, once a week for approximately forty-five minutes.
- I understand that from time to time the Art Therapist will need to write reports, case studies, and presentations. I give my permission for the Art Therapist to take photos of images made in sessions after my child has left the room and agree for them to be used anonymously for future purposes.

Parent / Carer's Full Name: _____

Parent / Carer's Signature: _____

Home Telephone Number: _____

Mobile: _____

Date: _____