



Crossroads Counselling Centre

Suite 202, 542 – 7 Street South,
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CHILD(REN)'S FILE PARENTAL/LEGAL GUARDIAN CONSENT FOR COUNSELLING

Date _____

I / We, _____ legal guardian(s) of

_____ give consent to _____,
counsellor at Crossroads Counselling Centre, to provide counsel and to gather
information from my child in order to do so. In joint custody situations, both parents/legal
guardians must sign before counselling can proceed.

I understand that what is shared between my child(ren) and the counsellor is confidential
and, with some exceptions, is not accessible to anyone. A summary report may be
provided, if necessary, and will only be released with written consent of the child's legal
guardians.

Exceptions to this are regulated by law, which requires the reporting of abuse of a child or
vulnerable adult, intention of a person to severely harm him/herself or others, or if
required by a court of law.

Signed _____

Witness _____