

Consent form of a parent/legal guardian for a child's participation in a psychotherapy consultation or psychological therapy

Parent/legal guardian 1, full name:

PESEL or ID document number:

Parent/legal guardian 2, full name:

PESEL or ID document number:

1. To be completed and signed by the parent/legal guardian:

I consent to my child/ward taking part

Child's full name:

- ☐ in a psychotherapy consultation
- ☐ in psychological therapy

I also confirm that I have been informed that psychotherapeutic work with a child over 16 years of age also requires the child's own consent.

.....
Date and legible signature of parent/legal guardian 1

.....
Date and legible signature of parent/legal guardian 2

2. To be completed and signed by the client (if applicable):

Client's full name:

I consent to taking part:

- ☐ in a psychotherapy consultation
- ☐ in psychological therapy

.....
Date and legible signature of the client making this statement

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Signature of the therapist receiving this statement