



**Parent/Guardian/Carer 1:**

Name: \_\_\_\_\_ Relationship with child: \_\_\_\_\_

Contact Details (Phone/email): \_\_\_\_\_

**Parent/Guardian/Carer 2:**

Name: \_\_\_\_\_ Relationship with child: \_\_\_\_\_

Contact Details (Phone/Email): \_\_\_\_\_

Where there are two or more parents or guardians, the School only requires the written consent of one parent guardian UNLESS the parents have advised the school that they must both consent to any matter relating to the child OR any court order or other legal document or direction states that both parents must consent to matters relating to the student.

***Please circle:***

- |   |          |
|---|----------|
| 1. Do both parents/guardians consent to the counselling referral?           | Yes / No |
| 2. (a) Are parents/guardians separated?                                     | Yes / No |
| (b) If yes, do Family Court Orders/Protection Orders/Parenting Plans exist? | Yes / No |

***Note: Parent/Guardian Consent (If answer to question 1 is yes and question 2 is no, one signature is sufficient. If answer to question 2 (a) is yes, and one signature is provided below, verbal consent from the non-signing parent/guardian will be sought):***

In signing this, I also acknowledge that I have read and understood the information provided ("Information for college parents - Giving informed consent handout") regarding the school counselling service as well as the limitations to confidentiality. I understand that once given, my consent will remain current for the school year or until it is withdrawn by me in writing (email accepted).

I, \_\_\_\_\_ (Parent/Guardian) consent to the school counsellor providing services to \_\_\_\_\_ (Child's name).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian) consent to the school counsellor providing services to \_\_\_\_\_ (Child's name).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this referral form.**