



Professional Psychologists & Counsellors (Prof. Corp.)
Counselling Therapists

1118 College Drive
Saskatoon, Saskatchewan
S7N 0W2
Phone: (306) 664-0000
Fax: (306) 664-0037

**CONSENT OF PARENTS WITH JOINT CUSTODY
FOR CHILD(REN) TO BEGIN COUNSELLING SESSIONS**

**My signature below signifies my consent/knowledge of counselling for my
child(ren) at PPC – Professional Psychologists & Counsellors (Prof. Corp.).**

Children's Name:

Age:

| |
|--|
| |
| |
| |
| |
| |

Date: _____

Signature of Mother: _____

Signature of Father: _____

Signature of Counsellor: _____

THIS FORM TO BE RETAINED ON CLIENT FILE