



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

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**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