

Family Service Thames Valley

COUNSELLING FOR CHILDREN (UNDER 12 YEARS OF AGE) ACKNOWLEDGEMENT, CONSENT AND WAIVER

File # _____

I, _____ (parent(s)/guardian(s) name), warrant that I have the authority to consent for my child(ren) to participate in counselling offered by Family Service Thames Valley.* I hereby give my consent for my child(ren) to participate in counselling offered by Family Service Thames Valley.

I understand that my child(ren) will have the opportunity to share his/her/their feelings, expectations, and attitudes about our life circumstances. Should I be included in the counselling, my involvement will focus on ways of helping the child(ren) to adjust more successfully to these circumstances, and to contribute to general family "wellness".

I understand and agree that all information, communications, observations, and opinions derived from counselling shall be considered private and confidential within the limitations of ethical practice and the Laws of Ontario. I also acknowledge that Family Service Thames Valley will maintain confidentiality of information and documentation to the extent allowed by the law.

I agree that neither myself nor anyone representing me shall call on any Family Service Thames Valley employee during or at any time after the sessions to provide either written or oral testimony at any examination trial, or application in any court where the marriage, the custody of or access to the child(ren) are in issue, or are related to the issues or dispute between me and any other person. Family Service Thames Valley does not provide specialized custody/access assessments.

I understand the following in relation to current legislation regarding custody/access (***please check the box beside the custody arrangement for the child(ren) listed on this document***):

When parents of the child(ren) are legally married or in an intact common law relationship, either parent has the right to consent to the treatment of the child and make inquiries and receive information pertaining to the health, education and welfare of the child (access rights; Children's Reform Act, 1990).

Sole custody: when there is a sole-custody order in place, only the custodial parent has the right to consent to the treatment of the child(ren). Non-custodial parents have the access rights (unless the court otherwise orders; Divorce Act, 1985).

I, _____ certify that I have sole custody of the child(ren) listed on this document

Joint custody: when there is a joint-custody order in place, both custodial parents have to agree and consent to the treatment of the child(ren). Both parents have access rights as well (Divorce Act, 1985).

- No custody agreement: when there is no custody order in place and parents of the child(ren) have separated, or are living separate and apart.
- The parent that the child(ren) lives with is considered the custodial parent and has the right to consent to treatment. The other parent is considered non-custodial, and has access rights only until a custody order is in place.
 - o I, _____ certify that the children live with me, and that I am the custodial parent.
- The child(ren) live with both parents equally, both parents have to agree and consent to the treatment of the child(ren) and both have access rights (Children’s Reform Act, 1990).

I understand that if I wish I may obtain independent legal advice prior to signing this consent. Should I have any questions regarding the consent for treatment for children under the age of 12, I understand that I can request a copy of Family Service Thames Valley’s policy related to this (CP 7.2 – Consent for Treatment for Children Under the Age of 12). I have signed to indicate that I have read, understood, and agree to the above.

Name of Parent(s): _____

Name of Child(ren): _____

Address: _____

Signed: _____

Date: _____

Witness: _____

Date: _____

*** Children aged 12 and over can pursue counselling on their own behalf without parental permission, as noted in the Child & Family Services Act.**