

Art/Play Therapy – Parent Information & Consent Form



Child's Name:

DOB; ____/____/____

I understand that any information or personal details you collect about me, my child or family during Art/Play therapy are confidential, and that neither my name, address, nor any other information that identifies me or my child will be released or published outside your organisation/agency/school. (During the course of therapy, we will be recording information about your child, but we will not reveal your child's name and address in any information we share with anyone else, unless it is for medical or legal reasons. We use all information in line with the latest data protection legislation, including the General Data Protection Regulation (GDPR) 2018. Please ask us if you would like details of the information that we collect and how we use it.)

Therapist's name:

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|---|-------|----|
| I agree that my child can attend Art/Play therapy sessions at Shannon FRC. | Yes | No |
| I understand that my child will be allocated a weekly time slot for the duration of the therapy, and it is my responsibility to make every effort to attend at the designated time weekly. I also understand that not turning up for that time slot without giving advance notice (48hours) may result in my child losing that session and having a reduced overall number of sessions as a result. | Yes | No |
| I am aware that in order for my child to receive the recommended 10 sessions of therapy I will need to pay €140 to Shannon Family Resource Centre , this can be done at €14 per week or other combinations of instalments agreed in advance. Shannon Family Resource Centre is funding the therapy to the value of €560 for my child. | Yes | No |
| I have been made aware that the therapist has a duty of care for the welfare of all children attending the service. If any child protection concerns arise in relation to my child throughout the course of the therapy she will need to notify me and Tusla if it is deemed warranted. | Yes | No |
| I have been made aware that although the therapy is for my child I will also be asked to engage in some sessions with the therapist to support my child and to learn strategies for parenting and maintaining a secure relationship with my child going forward. | Yes | No |
| Parent's signature: | Date: | |
| Parent's signature: | Date: | |
| Please print your full name: | | |