

Play therapy – parent’s permission



PARENTS PERMISSION FORM

Child’s name:

I understand that any information or personal details you collect about me, my child or family during 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:

I agree that my child can attend play therapy sessions.

Yes No

I agree that my child’s therapist has told me about the risk assessment in place for therapy sessions and I understand they will update me on any changes to this risk assessment.

Yes No

I agree to the therapist using PPE (face covering) equipment if they choose to while working with my child.

Yes No

I agree that the information collected will be used for confidential monitoring and review purposes, as part of the therapist’s supervision.

Yes No

I agree that clinical information that does not identify my child may be used for research purposes. I understand that any information used will remain confidential, and that no information that identifies me or my child will be published.

Yes No

If I do not agree to you using information as above, this will not affect any care my child receives.

Parent’s signature:

Date:

Please print your full name:

Please email this completed form to: PlayTherapyCoClare@gmail.com