

Consent for Providing a Service to a Minor(s)

I, (full name) _____

Of (address) _____

_____ Post Code _____

Contact Phone (optional) _____

Declare that I am the (please tick)

- Biological Parent of this/these child/children
- Legal Guardian of this/these child/children
- Care of Director General of the Department of Child Safety
- Other (please specify) _____

And as such give Youth and Families Association of Pine Rivers Inc. my consent to provide my children (names of children) _____

The services of (please tick)

- Counselling
- Other (please specify) _____

Is there a parenting order in place? (please tick) Yes No

If yes, we strongly recommend you comply with the condition of the parenting order (please tick)

- I agree to forward the second consent form to the non-presenting parent/guardian for this/these child/children to attend this service.
- I am unable to forward the second consent form to the non-presenting parent/guardian for this/these child/children to attend this service due to: - (please tick)
- Other biological parent deceased
 - Whereabouts unknown or unable to contact
 - Domestic Violence issues
 - Puts the child at risk of harm
 - Other _____

Signed _____ Date _____

Staff use only: I agree to proceed with these services for this/these child/children with the consent of one/both parents/guardians in the best interests of the child/children.

Signed _____ Date _____