Let's Heal & Thrive

Psychological Wellness | Nidhi Agarwal, Psychologist & Psychotherapist

Parental / Guardian Consent Form

Required for all clients under the age of 18 years

1. Child / Client Details

Full Name of Child / Client: _____

Date of Birth: _____

Age: _____

Gender: _____

2. Parent / Guardian Details

Full Name of Parent / Guardian: _____

Relationship to Child: _____

Contact Number: _____

Email Address: _____

Address: _____

3. Consultation Details

Type of Consultation Requested: _____

Preferred Date / Time: _____

4. Consent & Acknowledgement

I confirm that I am the parent / legal guardian of the above-named child. I give my voluntary consent for my child to receive psychological counselling and / or psychotherapy services from Nidhi Agarwal (Let's Heal & Thrive). I understand that:

- Sessions are conducted in a confidential, safe and non-judgemental environment, and confidentiality will only be broken where there is a risk of harm to my child or another person, as required by professional and legal obligations.
- I am free to ask questions about the process, goals and methods used in therapy at any point, and may withdraw consent for my child's participation at any time.
- Depending on my child's age and the nature of sessions, my presence may be requested for parts of the consultation.

• This consent form must be signed and brought (physically or as a clear photo / scan) to the first session, along with a valid ID proof of the parent / guardian.

Parent / Guardian Signature: _____

Date: _____
