Aspire Too

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Life Coaching & Counselling Services
Parent/Guardian Consent for Coaching, Assessment and or Treatment

☐ Sole Custody ☐ Shared Custody (parents live together)

☐ Joint Custody ☐ Ward of the Province

☐ Voluntary Agreement (Section 9 of the Child and Family Services Act)

I/We give consent for _____
(Name of Child or Youth, DOB, SHSP#)

To receive life coaching, counselling, assessment and or treatment services from _____ of ***Aspire Too Counselling & Professional Services.*** This consent is valid for the next 12 months. I/We are aware that consent may be withdrawn at any point and for any reason.

_____ _____
Signature of Parent 1 Signature of Witness
Date: _____ Date: _____

_____ _____
Signature of Parent 2 Signature of Witness
Date: _____ Date: _____

_____ _____
Signature of Agency Worker Signature of Witness
Agency: _____ Date: _____
Date: _____