



Hollyhock Play Therapy

Parent Consent 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 son or daughter, 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 Data Protection Act. Please ask us if you would like details of the information that we collect and how we use it.)

I agree that my child can attend therapeutic play or play therapy sessions.	Yes ☐	No ☐
I agree that the information you collect will be used for 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 and for case studies. I understand that any information used will remain confidential, and that no information that identifies me or my child will be used or published. If I do not agree to you using information as above, this will not affect any care my child receives.	Yes ☐	No ☐
Parent's signature:	Date:	