



north simcoe
family health team

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PARENTAL CONSENT FOR COUNSELLING CHILDREN UNDER 12 YEARS OF AGE

(Please put a check mark in the box if applicable)

In agreement to the conditions of service, I/We hereby give consent for my/our child to receive counselling at North Simcoe Family Health Team.

I/We understand that by giving consent for counselling, I am consenting to the therapeutic intervention recommended by the clinician and could include (but is not limited to): individual work, group work and/or family work.

If I/We have any questions about the therapeutic approach I/We can discuss them with the clinician.

I/We understand that in separation/divorce when the custody of the children is shared, consent from both parents is preferred for my/our child to receive counselling at North Simcoe Family Health Team.

I/We have:

Permanent sole or

Temporary sole or

Permanent joint or

Temporary joint custody rights of the child; and consent from both parents is:

Needed

Not Needed

The name and date of birth of the child is listed as below:

Child name: _____ Date of Birth (month/day/year) _____

Parents' Signature: _____ Date of Signature (month/day/year) _____

Parent printed name and contact number: _____

Parents' Signature: _____ Date of Signature (month/day/year) _____

Parent printed name and contact number: _____

Witness' Signature: _____ Date of Signature (month/day/year) _____



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Single Session Counselling Clinic

Child (Under 12) Questionnaire

In order to ensure that you receive maximum benefits from your session please complete the following questionnaire to the best of your ability.

Date: _____

Legal Name: _____ Name Used: _____

School: _____ Grade: _____

Preferred Pronouns: He She They Ze

Who are some of important people in your life?

What is your favorite thing to do?

How are things in your life today? (Place an X where you feel you are at)

Me (How am I doing)

☹️ ----- 😐 ----- 😊

Family (How are things in my family?)

☹️ ----- 😐 ----- 😊

School (How am I doing at school?)

☹️ ----- 😐 ----- 😊

Friends (How are your friendships going?)

☹️ ----- 😐 ----- 😊



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Do you sometimes think about hurting yourself?

Yes No

Do you sometimes think about hurting others?

Yes No

What is your hope for our session?

Is there anything else you would like to share?