



Consent form for Therapy (CFT)

Child's Reference Code: _____

I agree for my child to attend therapy (SLT, Play Therapy, Art Therapy, Music Therapy, Psychological Interventions, Counselling) in Sensory Space.	YES	NO
I have read, understand and been given a copy of the cancellation policy and agree to the terms of the contract.	YES	NO
I understand that any information used will remain confidential, and that no identifying information will ever be used or published.	YES	NO
I agree for my child to be video/audio recorded during music therapy sessions*	YES	NO

*Music Therapy Only

Parent/Guardian (1) Printed Name

Signature

Parent/Guardian (2) Printed Name

Signature

Date _____