

exchange-counselling.com

0330 202 0283

for any queries

Supporting psychological wellbeing and emotional resilience in young people.

The Exchange

PARENTAL CONSENT

There is now a emotional wellbeing service in your child's school and we would like to ask your permission for your child to work with one of our psychological wellbeing practitioners. This service provides a private place where they can talk things through OR take part in some creative activities which promote their resilience.

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For further support & free resources why not visit:

exchange-resource.net



CONSENT OF PARENT or GUARDIAN

I agree to _____ meeting with a Psychological Wellbeing Practitioner.
Child's Name

I understand that privacy is an important part of the process to help the child to engage and trust Exchange staff. The psychological well-being practitioner will work collaboratively with parents and teachers to share appropriate information which supports your child's wellbeing.

Name of Parent/ Guardian: _____

Signed: _____ **Date:** _____

Relationship to Child: _____

Address: _____

Contact telephone number: _____

If we cannot contact you please give a name and telephone number for someone else we can contact: _____