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Child Counselling Service Agreement

This Service Agreement is made and entered into as of _____ between:

Counsellor Name: Angie Howlett

Parent/Guardian:

Name:

Phone:

Email:

Child's Name:

Date of Birth:

1. Purpose of Agreement

This Agreement outlines the terms, responsibilities, and expectations regarding the provision of professional child counseling services by the Counsellor to the Client (child), under the consent and authorization of the Parent/Guardian.

2. Description of Services

The Counselor agrees to provide counseling services to the child client, including individual sessions, consultations, and collaboration with other professionals as needed.

3. Fees and Payment

Session Fee: $100.00 per session (50-60 minutes). Payment is due ahead of each session or no later than at the beginning of each session with prior arrangements. Cancellations require 24 hours' notice; missed sessions may be billed in full

4. Confidentiality

All communications are confidential, except as required by law in cases of danger to self or others, suspected abuse, or court orders. General feedback may be provided to parents while respecting the child's privacy.

5. Parental Involvement

Parents agree to ensure attendance, support the counseling process, and participate in consultations when requested.

6. Records and Communication

Records are securely stored per professional standards. Written requests for access will be considered at the Counselor's discretion. Electronic communications are for scheduling only.

7. Consent to Treatment

By signing, the Parent/Guardian provides informed consent for counseling and acknowledges understanding of the nature and limits of the service.

8. Termination of Services

Either party may terminate services at any time. The Counsellor may recommend termination or referral when therapy is no longer appropriate.

9. Emergency Procedures

The Counsellor is not an emergency provider. In a crisis, contact 911 or local emergency services immediately.

10. Agreement and Signatures

By signing below, all parties acknowledge that they have read, understood, and agree to the terms outlined in this Agreement.

Counsellor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name of Child Client: _____

Informed Consent for Child Counseling

I understand that counselling is a confidential and collaborative process designed to assist my child in addressing emotional, behavioral, or social concerns. I acknowledge that outcomes are not guaranteed and depend on multiple factors including participation, readiness, and consistency.

I understand my rights to ask questions, withdraw consent, or request referral at any time. I consent for my child to receive counselling services under the terms described above.

Parent/Guardian Signature: _____ Date: _____

Counsellor Signature: _____ Date: _____