

# John Blythe Child Psychology Consent & Release Forms

## Consent for Psychological Service

(Where dual parental responsibility exists, both parents should sign)

Being the legal guardian(s) of \_\_\_\_\_, I (we) have read and understood the explanation of psychological services provided by John Blythe Child Psychology and give consent for assessment / treatment to take place.

### Parent / Guardian # 1:

Name (Print): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent / Guardian # 2:

Name (Print): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Consult / Release Information

Information gathered as part of providing this psychological service is strictly confidential. In order to provide a written report or to discuss your child's case with their school, medical officers, or other relevant persons, your written consent is required. Please provide your instructions to us below.

Being the legal guardian(s) of \_\_\_\_\_, I (we) hereby give permission for staff of John Blythe Child Psychology to consult with, receive information from, or release information (about our child's behavioural, emotional, social and academic development) to the following:

1. (Doctor): \_\_\_\_\_

2. (School): \_\_\_\_\_

3. \_\_\_\_\_

### Parent / Guardian # 1:

Name (Print): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent / Guardian # 2:

Name (Print): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to use anonymous data in research:

John Blythe Child Psychology is engaged in ongoing research into child development and behaviour. We do not use any private or identifying case information in research projects, only anonymous data such as age, gender and test scores. Our research is designed to improve assessment, diagnosis and treatment options for children and adolescents.

Being the legal guardian(s) of \_\_\_\_\_, I (we) hereby give permission for John Blythe Child Psychology staff to use non-identifiable data from our child's assessment and treatment outcomes in academic research projects.

Signature: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Date: \_\_\_\_\_

