

# Parental Consent Form

I give consent

for \_\_\_\_\_ (child's name)

To attend play therapy with Felicia Colwood.

Yes

No

**Note: Assessment data will be recorded for the purposes of the evaluation of the efficacy of play therapy. Data may also be used for research purposes but the identity of your child and yourself will not be disclosed or recorded in the research database. I agree to the use of this data for research purposes.**

Signed \_\_\_\_\_ (parent/carer)

Date \_\_\_\_\_