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**Written Parental Consent for**

**Inquiry, Assessment and Treatment**

This letter is to confirm that I, Click or tap here to enter text. (**FULL NAME OF FATHER/MOTHER**) of the minor, Click or tap here to enter text.(**CHILD’S NAME**) am in full agreement with Click or tap here to enter text. (**FULL NAME OF OTHER PARENT/GUARDIAN**) requesting the involvement of your assessment and treatment services for our child.

**I am aware of the concerns raised about the child.**

[ ]  Yes

[ ]  No

**Name**:​​​​​​​​​ Click or tap here to enter text.

**Email Address**:​​​​​​​​​ Click or tap here to enter text.

**Date**: 17/01/2023 14:35

**Signature**:

***NO INITIALS OR TYPED SINGATURES WILL BE ACCEPTED, ONLY HANDWRITTEN***

***OR DIGITAL SIGNATURES WILL BE ACCEPTED***