



To:

From:

Date:

Please be advised that we have been asked to provide therapy to your child. In Pennsylvania parents/legal guardians who have shared legal custody must be advised of this request. Both parents/legal guardians must consent to the treatment. Parents/legal guardians are invited to participate in the therapy process. In order to maintain the child's trust, it is important that parents/legal guardians agree that they will not subpoena their child's records for divorce/custody rulings.

Children from separating or divorced families often experience emotional upset and adjustment difficulties. Treatment is most effective when both parents/legal guardians support the therapy process. At the bottom of the page is a consent for treatment. By signing below you agree for your child to receive therapy from a therapist from the The Center for Creative Arts and Play Therapy. Upon signing you also waive the right to subpoena your child's records for divorce/custody rulings. You may contact us at 717-741-0000 to discuss your child.

ACKNOWLEDGEMENT OF COUNSELING

This release is an acknowledgement that _____, is seeing a therapist at The Center for Creative Arts and Play Therapy for treatment purposes. Please initial the appropriate responses below.

_____ I understand that I have been invited to participate in my child's therapy.

_____ I do not give permission for my child to receive treatment.

Signature: _____ Date: _____

*The Center for Creative Art and Play Therapy *2001 E. Market Street, York, PA 17402 *717-741-0000*