Parental Authorisation

Child Identification

Name :	Date of Birth :		
Address :			
We, the undersigned,			
First and last name of person 1		Father, mother, parental guardian	
Residing at			
	Home Address		
First and last name of person 2		Father, mother, parental guardian	
Residing at			
	Home Address		
Hereby confirm having receiv	red explanations of the	process and of free and informed conse	nt from
Name of counsellor and professional title		·	
available to answer them dur	ing follow-up. We also	ns and understand that the counsellor understand that a child's individual inte process will be treated as confidential.	
		consider the child's best interest when m is should not take precedence over the i	_
person with parental authorit	y will be informed of th	nderstand that the counsellor expects this process with the child. If one of the partment, the counsellor will be legally ob	rents or
Signature of Authorised Person		Date	
Signature of Authorised Person		Date	
Signature of Counsellor		Date	