DOT'S LEARNING CENTRE

CONSENT FOR TREATMENT OF A MINOR

Full name of minor: _____

Date of birth of minor: _____

Full name of parent/guardian of minor: _____

Contact number of parent/guardian: _____

Counsellor's/Therapist's name: _____

In order to assist us in supporting your minor child, we request that a parent/guardian sign the authorisation on this form and return it to us as soon as possible. The law mandates that in order to provide medical or mental health treatment or guidance for minor children, the consent of a parent/guardian is required.

Please take note of the following:

- (When we refer to a counsellor it includes therapists, occupational therapists, remedial teachers and support staff)
- Counsellors are permitted to conduct limited psychological assessments and testing. They will provide support and short-term counselling/therapy to individual learners and groups. They will provide psycho-education and/or make appropriate referrals to other recourses and/or professionals.
- Counsellor-learner confidentiality will always be respected. However, counsellors have a legal and ethical duty to report the following: (a) threat of physical harm to self (b) threat of physical harm to a third party (c) report and consult directly to teachers and parents when needed.
- Records of all sessions are kept in the form of notes and will be filed in the learner's file for referencing and follow-up sessions.
- Participation in any intervention/activity that is facilitated by counselling/therapy, including assessments, is voluntary and the learner and parent/guardian may withdraw at any time.
- Maximum care is taken to ensure the safety of children during therapy. The school and counsellors/therapists cannot be held responsible for any injuries that occur during the time of therapy and parents/guardians hereby indemnify the school and/or therapists against any injury or loss.

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B Petersen** DM Ramaphosa** B van der Linde (CFO) CR van der Merwe* (* Non-executive ** Independent non-executive)
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I confirm that the above has been explained to me and all my questions have been satisfactory answered in language that I understand. I hereby give my written consent and being a parent of the above-mentioned, I understand the conditions above.

I, the undersigned, give permission to:

Dot's Learning Centre/counsellors/therapists/occupational therapists/remedial teachers/support staff to provide treatment/counselling and assessments to my minor child.

Full name of minor child: _____

Parent's/Guardian's full name: _____

Relationship to child: _____

Date: _____

Counsellor's name: _____

Counsellor's signature: _____

Date: _____