**Child Consent To Treat Form**

1. I understand that my child is about to begin individual psychotherapy with a creative arts therapist. I have been informed about their educational background, training, and degree.

2. I have been informed about the type of therapy my child will be attending. I understand that the therapy space is a working space my child can engage with to gain insight and understanding about themselves. I am aware that my child can use the creative tools of Dramatherapy (Art, Movement, Music, Storytelling and Role Play) to help them on their therapy journey. I understand that my child does not have to work creatively during the session. I know that my child’s Therapist works in a client-centred manner, meaning that the session will be led by my child. I am aware that my child can tell the Therapist about any concerns he/she may have regarding the therapy.

3. I understand that the Therapist will conduct herself according to the ethical principles of the Irish Association of Creative Arts Therapists (IACAT) and will not socialise with my child or engage in any intimacies outside of the psychotherapy session. I am aware that if any such concerns arise, that I can contact IACAT, to discuss them confidentially with their complaints committee email:complaints@iacat.ie

The ethical principles of the Irish Association of Creative Arts Therapists can be viewed here [www.iacat.ie/code-of-ethics](http://www.iacat.ie/code-of-ethics)

4. I understand that all material from my child’s sessions will be kept completely confidential and in line with child safeguarding principles and GDPR data protection. No material from my child’s psychotherapy will be presented to others (apart from my Therapists supervisor) either informally or formally at conferences or in courses, without prior written consent from myself.

5. I have read the above, agree with its contents, and without coercion provide my signature below.

I also understand I can contact Nicola on 087 2791071 or at nicola.kealy@gmail.com if the need arises.

Childs Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nicola Kealy-Therapist : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_