

# Art Therapy Session Consent Form

## Participant Information

Full Name

Date of Birth

Today's Date

Parent/Guardian Name (if under 18)

## Consent

I consent to participate in art therapy sessions provided by:

Therapist Name

Purpose/Goals of Art Therapy

## Confidentiality Agreement

Confidentiality Details

## Risks and Benefits

Potential Risks

Potential Benefits

## Consent Statements

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I understand the nature, risks, and benefits of art therapy.

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I understand my right to withdraw from art therapy at any time.

Participant Signature

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Date

Parent/Guardian Signature (if under 18)

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