

# Art Therapy School-Based Consent Form

This form is to obtain your consent for your child to participate in school-based art therapy sessions. Please read the information below and complete the required fields.

## Student Information

Student Name

Grade

## Parent/Guardian Information

Parent/Guardian Name

Contact Information

## Consent & Acknowledgement

I understand that my child will participate in art therapy sessions facilitated by a qualified art therapist. The purpose of these sessions is to support emotional, social, and creative development within the school setting.

I understand that confidentiality will be maintained except where disclosure is required by law or for the safety of my child or others.

I understand that I may withdraw consent for participation at any time by notifying the school.

Additional Notes or Relevant Information

Parent/Guardian Signature

Date

Therapist (if applicable)

Date