## **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 Name  Grade  Parent/Guardian Information  Parent/Guardian Name  Contact Information  Consent & Acknowledgement  Lunderstand 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. Lunderstand that conflidentiality will be maintained except where disclosure is required by law or for the safety of my child or others.  Lunderstand 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)	Student Information
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Date	
Date	
	Parent/Guardian Signature
Therapist (if applicable)	Date
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