

***PARENT/GUARDIAN CONSENT FORM***

***COVID-19 KIDS IN ART THERAPY PROGRAM (“KAT”)***

Name of child.......................................................................................... Age........... . D.O.B………………………...

Parent/Guardian home no: …………………........................... Mob: ………………………..…………...…………….…

Address …………………………………………………………………………………………………………………….……..

Email...........................................................................................................................................................................

School ……………………………………………………………………………………………………………………………

I give permission for ……………………………………………........................... to participate in the KAT program at

Wattle Glen Primary for 5 sessions with Carol Nevill, Art Therapist Counsellor/Sandplay Practitioner.

* I hereby give Carol Nevill permission to use all relevant information and art work that my child produces during the KAT program for display and publication in a Covid-19 book.
* I understand that there will be no photos taken of my child and that only their first name will be used for the KAT program and in any publication.

Signed………………………………………………………………………..….. Date …………………………………….

Print name ………………………………………………………….………………………… Parent/Guardian

Have you any concerns about your child during the Covid-19?

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