



Parental/Guardian Consent for Food or Beverages During Counselling Sessions

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Purpose of Food/Drink During Sessions

Occasionally, the counsellor may offer light snacks or beverages during counselling sessions. The purpose is to:

- Support comfort and well-being during the session
- Assist in maintaining focus and engagement
- Create a safe and welcoming environment

Food is **not part of therapeutic intervention** unless specifically indicated for clinical purposes.

Parental/Guardian Agreement

I understand that:

1. **Participation is Voluntary.** My child is not required to consume any food or beverages during sessions. They may decline at any time without it affecting counselling services.
2. **Type of Items Offered.** Snacks and drinks may include items such as crackers, fruit, water, or tea. I have listed below any allergies, intolerances, or dietary restrictions my child has:
 - Allergies: _____
 - Dietary Restrictions (e.g., gluten-free, vegan): _____
 - Other Health Concerns: _____
3. **Safety and Responsibility.** I understand that I must inform the counsellor of all relevant allergies or health concerns. The counsellor will take reasonable precautions, but I acknowledge that I am ultimately responsible for any medical risks associated with my child consuming the provided items.
4. **Confidentiality and Boundaries.** Food will be offered in a way that maintains the focus, safety, and confidentiality of counselling sessions.
5. **Right to Withdraw Consent.** I may withdraw consent at any time by notifying the counsellor.

Consent Statement

I have read and understood the information above. I have had the opportunity to ask questions and received satisfactory answers. I consent to my child being offered food or beverages during counselling sessions as described.

Client's / Parent's Signature: _____

Date: _____

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