



**Agreement to Proceed with Counselling Form  
Children of Joint/Shared Custody Arrangements**

In instances of joint/shared custody arrangements, Family Service Halifax requires agreement of both parents prior to beginning counselling with the children. We would ask that you please return this form with the witnessed signature of both parents, indicating approval for the counselling sessions outlined.

I agree that \_\_\_\_\_ be seen for counselling  
(Name of child or children)  
with Family Service Halifax. I understand that I may also request information regarding my child's progress, while respecting their right to privacy regarding certain matters.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Effective until \_\_\_\_\_ (Maximum 1 year)

\_\_\_\_\_  
(Parent)

\_\_\_\_\_  
(Witness)

Name:

Name:

Address (optional):

Address (optional):

Phone # (optional):

Phone # (optional):