

Date\_\_\_\_\_

I give Aistear Forensic and Psychological Services permission to interview my child/children while my family is involved in the current assessment. Information will be used solely for the use of the therapist in his/her assessment of the family. I understand that I may withdraw my permission to interview with a written request. The consequence for not giving this permission is that it may prevent your family from getting the most benefit from the assessment.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Witness \_\_\_\_\_

There are no negative consequences for refusing to consent to this permission.

Signature \_\_\_\_\_

Witness \_\_\_\_\_