**Name of Child:**

**Childs Date of Birth:**

**Childs Address:**

**Parents Name:**

**Parents email:**

**Parents Contact Number:**

**Description of Services:**

I [forname surname], the undersigned parent or legal guardian, hereby consent to the participation of my child in services provided by Collywobbles Ltd as part of their children’s club 'The Collywobbles School of Wellbeing Witchcraft and Wizardry'. These services include a combination of therapeutic strategies such as Cognitive-Behavioural Therapy (CBT), Mindfulness, and Eye Movement Desensitization and Reprocessing (EMDR) techniques. However, I understand that this is not a therapeutic intervention, but a children’s wellbeing club.

**Nature and Purpose of Services:**

The Collywobbles School of Wellbeing Witchcraft and Wizardry is a children’s club that aims to enhance the psychological wellbeing of children through a unique blend of evidence-based approaches inspired by the world of witchcraft and wizardry. The services provided are designed to promote emotional intelligence, resilience, self-awareness, and coping skills.

**Informed Consent:**

I understand that the activities completed at the children’s club 'The Collywobbles School of Wellbeing Witchcraft and Wizardry' may involve interactive and immersive activities. These activities are intended to facilitate personal growth, emotional regulation, and stress reduction. I have been informed of the nature and purpose of these therapeutic interventions.

**Confidentiality:**

I understand that the confidentiality in the process is essential. Information shared during group sessions will be kept confidential, with exceptions only in cases where there is a risk of harm to the child or others, or as required by law.

**Parental Involvement:**

I acknowledge that parental involvement and support are crucial for the success of the process. I commit to participating in any recommended parent/caregiver activities that may enhance the effectiveness of the services provided.

**Boundaries and Safety:**

I understand that the Collywobbles School of Wellbeing Witchcraft and Wizardry prioritizes the safety and wellbeing of all participants. I will be promptly informed of any concerns or issues that may arise during the course of services.

**Emergency Contact Information:**

In the event of an emergency, the Collywobbles School of Wellbeing Witchcraft and Wizardry will attempt to contact the parent/guardian using the information provided. In case of unavailability, the school is authorized to seek appropriate medical or emergency assistance.

**Photography and Publicity:**

I grant permission for Collywobbles Ltd to use photographs and/or videos of my child for promotional and educational purposes, while ensuring the protection of their identity.

**Financial Agreement:**

I understand and agree to pay for the services I receive at Collywobbles Ltd in the children’s club 'The Collywobbles School of Wellbeing Witchcraft and Wizardry'.

**Release of Liability:**

I hereby release the Collywobbles School of Wellbeing Witchcraft and Wizardry, its staff, and affiliates from any liability arising from the provision of services.

I have read and understood the terms of this consent form. I willingly consent to my child's participation in the services offered by Collywobbles Ltd and their children’s club 'The Collywobbles School of Wellbeing Witchcraft and Wizardry'.

Parent Name:

Parent Signature: your name here [e-signature acceptable]

Date: