



ARTWORK CONSENT FORM

Please read the following information carefully. This agreement is to be signed by the legal guardian(s) of listed young person seeking individual counselling services. If being signed by a legal guardian other than a parent please list your relationship to the child next to your signature.

Turning Corners clinicians sometimes use Art therapy as a way of helping individuals explore and express their feelings, emotions and experiences. With your permission Turning Corners may sometimes seek to use client artwork* to be used in our brochures, posters and articles and also at conference presentations as well as training sessions. We therefore ask for your consent to use yours or your child's art for the purposes outlined above.

**Artwork includes; paintings, drawings and photographs of craft items and sand-tray creations.*

Please note: No artwork will be used that would reveal you or your child's name or identity.

I, _____, have read, understood and agree with the supplied Conditions of Service and Consent Form.

As legal guardian, I agree to the terms and conditions of Turning Corners Research Consent Form for my child _____ (print child's name).

Relationship to child _____

Signed _____

Date ____/____/____