



Helpline: 0845 0099220 or 0845 0099221

PARENTAL CONSENT FORM

Iparent /guardian of

Address

.....

.....Tel.....

Give my consent for my son/daughter to be seen one to one by a CHIBS

Befriender at:

SignedDate

IChild /young person

Give my consent to be seen by a CHIBS befriender

SignedDate

Ithe befriender

Agree to see the child/young person

SignedDate