



Longford Park School

Believe • Belong • Become

COGNITIVE BEHAVIOURAL THERAPY (CBT)

CONSENT FORM

Name of child: _____

Date of birth: _____

Address: _____

Tel: _____

I consent to my child receiving CBT at Longford Park School.
Your therapist will fully explain how this therapy will be delivered prior to commencement.

Signed: _____

Relationship to child named above: _____

Date: _____

Longford Park School is committed to safeguarding and promoting the welfare of children.

By signing this form you give consent for any safeguarding concerns that may arise during the course of supporting your child to be shared with other working professionals. Please be assured that confidentiality is important to us and we will only share information with those that need to know in order to protect and ensure the wellbeing and safety of all concerned.