



Consent Form - Under 18

Use of the Website (www.betterplacehealth.com) for the purpose of getting counselling is available only to persons over the age of 18 years. If you are a minor i.e. under the age of 18 years, you shall not avail of counselling services on the Website without providing us with a duly filled consent form from your legal guardian or parent. The Company reserves the right to terminate your usage of its services if it is brought to its notice or if it is discovered that you are under the age of 18 years and are accessing counselling services through the Website without furnishing the Consent Form.

By submitting the form below, you are indicating that you give your permission for your child/adolescent to avail our Services, and that you have read, understood and agreed to the information provided in the Terms and Conditions **[Insert hyperlink]** and Privacy Policy **[Insert hyperlink]**.

(i) Child/adolescent's name:

(ii) Parent/guardian's name:

(iii) Date:

(iv) Telephone/Mobile No:

(v) Email:

(vi) Second parent/guardian's name (if applicable):

a) Telephone/Mobile No:

b) Email:

(vii) Emergency Contact:

Comments:

I agree to my child _____ using Services of the Company.

(viii) Signature: