

Authority to Speak

I, _____, give permission for Child Expert, Lisa Bottomley, to speak to any medical practitioner, teacher, counsellor, psychologist, psychiatrist, social worker or other professional involved with myself or my child/ren:-

Name of Child/ren or Parent:	D.O.B:

And to provide to the Child Experts all information and reports requested in relation to my child/ren as named above and/or myself.

I acknowledge that a photocopy or scan of this Authority has the same effect as the original.

I understand that the content of these discussions can and may be used in the preparation of a family report, my engagement in the P.E.P. Program or for reportable counselling.