



CONSENT TO TREAT FORM – Parent or Guardian

1. I understand that my child is about to begin individual child psychotherapy with Maggie Dagge, a creative arts therapist. I have been informed about Maggie’s educational background, training and degrees.
2. I have been informed about the type of role-playing that may be used in the psychotherapy, and understand that it involves spontaneous, improvisational role-playing between my child and Maggie. I understand that my child is free to do what feels comfortable, and that the role-playing will stop if it becomes uncomfortable for them. I understand that the role-playing may involve physical movement and may at times involve physical contact between my child and Maggie.
3. I understand that Maggie will conduct herself according to the ethical principles of the Irish Association of creative Arts Therapists (IACAT) and will not socialize with me or engage in any intimacies outside of the psychotherapy session. I am aware that if any such concerns arise that I can contact IACAT to discuss them confidentially with their complaints committee email: complaints@iacat.ie . The ethical principles of the Irish Association of creative Arts Therapists can be viewed here www.iacat.ie/code-of-ethics
4. I understand that all material from my child's sessions will be kept completely confidential and in line with child safeguarding principles and GDPR data protection. These policies can be viewed here www.mdaggetherapy.ie. No material from my child's psychotherapy will be presented to others - apart from my supervisor - informally or formally at conferences or in courses, without prior written consent from myself.
5. Should a child safeguarding issue arise, for example, a disclosure of harm that **has** happened, **is** happening, **at risk** of happening or **historical** Maggie as a mandated person is legally obligated to make a report to Tusla.
6. I have read the above, agree with its contents, and without coercion provide my signature below. I also understand I can contact Maggie on 087 4137608 or maggie@mdaggetherapy.ie if the need arises.

Childs Name (Print) _____

Parent or Guardian's Name (Print) _____ (Signature)_____

Parent or Guardian's Name (Print) _____ (Signature)_____

Maggie Dagge - Psychotherapist _____ Date _____