

Date: _____

Parent consent for psychological intervention for son or daughter

Child's details

First and last name _____ ID number _____ date of birth _____

Name of attending school _____ grade _____

Parent's details

Name of parent _____ ID number _____

Name of parent _____ ID number _____

Marital status married independent parent*

*independent parents – as defined by the law of single parent families, 1992

* single, widow/er, separated, agunah, woman in battered woman's shelter

We the undersigned authorize psychological intervention for our son/daughter by the Educational Psychology Service (EPS) of Tel-Aviv Yafo

- We acknowledge that it is our responsibility to notify the EPS about any change to our stand regarding the psychological intervention we are signed on.
- We acknowledge that legal documentation will be deposited in a confidential database
- We acknowledge that forwarding the information to another party is conditioned upon our written consent.

Parent signature _____ date _____

Parent signature _____ date _____

