



R I S E

COUNSELLING & PSYCHOTHERAPY

Sole Guardian Confirmation & Disclaimer

I, (full name) _____

Of (full address) _____

With a date of birth _____ confirm the following:

- 1) I am the sole guardian of _____ born the ___ day of _____ in the year _____
- 2) There is no other guardian of the said child pursuant to the Guardianship of Infants Act 1964 and the Children and Family Act 2015.
- 3) There is no court order giving any other person guardianship over the said child, or rights and responsibilities in relation to the said child.
- 4) I have not entered into any arrangement or agreement which has the effect of making, or purports to make any other person a guardian of the said child on a joint basis, or otherwise relating to any other person having rights and responsibilities equivalent to guardianship over the said child, or having parental responsibility to the said child.
- 5) No other circumstances exist whereby there is a guardian, or where another person has rights and responsibilities equivalent to guardianship over the said child, or has parental responsibility in relation to the said child.

DISCLAIMER

In signing this document, I am to the best of my knowledge, providing full and accurate information on the guardianship of the said child. I understand that RISE Counselling & Psychotherapy disclaim in full any responsibility or liability for any future disputes, legal or otherwise that may arise regarding me giving my sole consent for the said child to engage in counselling/psychotherapy.

Parent/Guardian

Witnessed By

Date: