



Shop 23/81 Chesterfield Cct
Nhulunbuy NT 0880
PO BOX 231 Nhulunbuy NT 0880
(08) 8987 3038

Consent for Child To Attend Psychological Appointments

I _____ (Parent/Guardian)
consent to my child _____ (Child's name)
attending Psychological appointments with Outlook Psychology (Practice name) at
_____, during school hours.

(Parent/Guardian)

(Parent/Guardian name)

Date