

Coaching Parental Consent Form for Minors

This Coaching Parental Consent Form is between Ultimate Lifecare Coaching, ULC and the Parent/Legal Guardian of the Client to give consent for Professional Coaching with your child (younger than 18 years-old).

Parent Information:

Parent Name **(required)**:

First Name: _____

Last Name: _____

Parent Email (required): _____

Parent Phone (required): _____

Child Information:

Child's Name **(required)**:

First Name: _____

Last Name: _____

Child's Date of Birth (required): _____

Child's Email (required): _____

Child's Phone (required): _____

Consent:

I, the undersigned Parent/Legal Guardian, hereby give consent for my child to participate in the Professional Coaching services offered at Ultimate Lifecare Coaching, ULC.

I give consent. **(required)** _____

I understand and accept that outcomes are not guaranteed and that my child is responsible for the results of Professional Coaching services.

I understand and accept. **(required)** _____

I give consent for my child to be contacted by the Coach at Ultimate Lifecare Coaching, ULC via phone, text, email, or video on the contact details listed above for the purposes of Professional Coaching.

I give consent. **(required)** _____

I understand that any personal information collected during my child's participation in Professional Coaching is strictly confidential unless Ultimate Lifecare Coaching, ULC determines that it is their duty to inform me or a governing body of risk or harm to themselves or others.

I understand. **(required)** _____

I understand and accept that Professional Coaching is not a substitution for any mental health or medical treatment and that Ultimate Lifecare Coaching, ULC do not engage in mental health or medical crisis or emergencies.

I understand and accept. **(required)** _____

I understand and agree that payment for Professional Coaching services is due at the time of service and that I can be held liable for any costs associated with Professional Coaching services completed with my child.

I understand and agree. **(required)** _____

I understand that if I have any questions or concerns related to my child's participation in Professional Coaching with Ultimate Lifecare Coaching, ULC, I will contact Rafia Fasih via email or phone call, or submit my query to support@ultimatelifecarecoaching.com

I understand. **(required)** _____

[Date & Signature of a legal parent/legal guardian]