



## Ombudsman for Children's Office (OCO)

# Consultation with Children and Young People about Mental Health Services

### Parent/Guardian Consent Form

Name of Young Person: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

I have read and understand the information that the OCO has provided about the 'Consultation with Young People about Mental Health Services'. I understand what taking part in this consultation involves for children and young people.

### Consent to Take Part in the Consultation

Please tick the relevant box:

- **I agree** to allow the young person named above **to participate** in the OCO's consultation by taking part in approximately 3 workshops at [name of facility], which will be conducted between October 2017 to December 2017 in accordance with both the young people's and in-patient unit's schedules.
- **I do not agree** to allow the young person named above **to participate** in the OCO's consultation. I do not wish for my child to take part in approximately 3 workshops at [name of facility], which will be conducted between October 2017 to December 2017 in accordance with both the young people's and in-patient unit's schedules.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out this form and return it to:  
**[contact person, name of facility]**

If you have any questions that the OCO can help with before you complete this form, please contact **[name of staff member, phone number and email]**