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**Shona Scallan**  
**PSYCHOLOGIST**

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I \_\_\_\_\_ consent to my child  
\_\_\_\_\_ engaging in psychological  
therapy and the release and exchange of information between Shona Scallan,  
Psychologist, and \_\_\_\_\_

\_\_\_\_\_  
Signed (Mother)

\_\_\_\_\_  
Date

MOTHER'S DETAILS:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Mob

\_\_\_\_\_  
Email

