

CONSENT FOR COUNSELING SERVICES TO A MINOR

In order for minors including youth and children to receive counseling services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Name and date of birth of each minor to receive counseling services:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Your relationship to the minor/youth/child(ren): Parents Stepparent Grandparent Guardian

Other: _____

Are you the legal parent or custodian of the above-named minor/youth/child(ren) Yes _____ No _____

I hereby swear that I have legal right to obtain treatment for the above-named minor/youth/child(ren). Yes _____ No _____

In instance of divorce, it is essential that the legal custodian of the youth/child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above youth/child(ren). Are you willing to do so? Yes _____ No _____

If the answer to the above question is "NO" counseling services cannot be provided to the above-named youth/child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment.

I give consent for counseling services to be provided to the youth/child(ren) named above. Furthermore I understand that the policies contained in the Informed Consent apply to my child.

These services may include:

_____ Christian Counseling _____ Other Services: _____

Print, sign & date of person giving consent

Signature & Date of Counselor

Print, sign & date of person giving consent