

## CONSENT TO PASTORAL COUNSELING SERVICES FOR A MINOR

Legal parent(s)/guardian(s) are required to grant permission for counseling services to be provided to minor children. Services cannot begin without this written consent.

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

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Names of all legal parent(s)/ guardian(s):

Name \_\_\_\_\_ Name: \_\_\_\_\_

If you are legally separated/divorced, signatures of all legal parent(s)/guardian(s) are required by law to grant permission for counseling services of a minor prior to services being initiated.

Legal parent/guardian information.

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I acknowledge that all legal parents/guardians, regardless of our marital status, may have a right to obtain information regarding the nature and course of counseling.

I give consent for pastoral counseling services to be provided to the minor named above.  
I attest that all the information given on this form is accurate to the best of my knowledge.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pastoral Counselor

\_\_\_\_\_  
Date