

CONSENT FOR COUNSELING SERVICES TO 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 minor to receive counseling services:

Name _____ Date of birth _____

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

Name: _____

Name: _____

	YES	NO
Are you married to the legal parent/guardian of this minor?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally separated from the other legal parent/guardian of this minor?	<input type="checkbox"/>	<input type="checkbox"/>
Are you divorced from the other legal parent/guardian of this minor?	<input type="checkbox"/>	<input type="checkbox"/>
Counseling requires consent from <u>all legal</u> parties. Does your court order establish you as the sole decision maker for the provision of counseling services?	<input type="checkbox"/>	<input type="checkbox"/>

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. Other 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 counseling services to be provided to the minor named above. Furthermore, I understand that the policies contained in the Informed Consent apply to this minor.

I attest that all the information given on this form is true to the best of my knowledge.

 Print name & Signature of Legal Parent/Guardian Date

 Signature of Pastoral Counselor Date