



**CONSENT FOR COUNSELING SERVICES TO CHILD(REN) OR TEEN**

In order for minor children to receive counseling services, it is necessary for the parents or legal guardian to grant permission for such services to occur.

Name and dates of birth of child(ren) to receive counseling services:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of person requesting services \_\_\_\_\_

Your relationship to child(ren):  Parent  Stepparent  Grandparent  Guardian  Other \_\_\_\_\_

Yes  No Are you the legal parent or custodian of the above-named children?

Yes  No I affirm that I have a legal right to obtain medical/mental healthcare for the above-named child(ren).

Yes  No In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you must provide a copy of the court order which names you the legal custodian with the right to obtain medical/mental healthcare for the above-named children. Are you willing to do so?

Yes  No I acknowledge that both parents, even if they are divorced, may possibly have a legal right to obtain information from the counselor regarding the nature and course of treatment of the child(ren).


**If the answer to any of the above questions is “No”, counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian with the right to obtain medical/mental healthcare for the child(ren) is provided to this office.**

I, \_\_\_\_\_, (parent/guardian) give my consent to Branches Counseling Center’s counselors to provide counseling services to the child(ren) named above.

These services may include: (please check all that apply)

- Clinical interviews of the child(ren)
- Counseling/psychotherapy
- Other services \_\_\_\_\_

 \_\_\_\_\_  
Signature of person giving consent \_\_\_\_\_  
Date

 \_\_\_\_\_  
Signature of additional person giving consent \_\_\_\_\_  
Date

**\*Both parents’ signatures are required.**