



CONSENT TO TREATMENT FOR A MINOR

I _____, give my consent for _____
(Custodial Parent/Legal Guardian) (Minor Child)

to receive counseling from _____ at Connected Life Counseling.
(Therapist)

I agree to abide with the laws of confidentiality and to respect the therapist/client relationship the therapist may develop with my child. I have been advised by the therapist as to the potential risk, as well as benefits, typically associated with the discipleship process. I give my full consent and cooperation to this approach and agree to hold Connected Life Counseling Center harmless, except regarding reasonable and customary care.

Printed Name of Minor Child

Printed Name of Therapist

Printed Name of Custodial Parent/Legal Guardian

Signature of Therapist

Signature of Custodial Parent/Legal Guardian

Date

Date

Note to Custodial Parent/Legal Guardian: In some cases, in which custody of the minor child is at issue, the custodial parent may be asked to present a copy of the custodial order, which will become a part of this permanent file.

