

Youth Faith-Based Counseling Consent Form

Youth Information

Full Name

Date of Birth

Address

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Consent Acknowledgement

I acknowledge that I have read and understood the information regarding faith-based counseling services and voluntarily consent for the youth named above to participate.

Confidentiality Agreement

I understand confidentiality limits and agree to counseling services as described.

Parent/Guardian Signature

Date

Youth Signature

Date