

# Art Therapy Informed Consent for Minors

## Client Information

Minor's Name

Date of Birth

Parent/Guardian Name

Relationship to Minor

## Purpose & Goals of Art Therapy

## Confidentiality

## Risks & Benefits

## Parent/Guardian Rights & Responsibilities

## Consent

I have read and understand the above information regarding art therapy for my child. I consent to art therapy services for the minor named above.

Parent/Guardian Signature

Date

Therapist Signature

Date