

# Art Therapy Minor Client Consent Form

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## Client Information

Minor's Name

Date of Birth

Age

Parent/Guardian Name

Relationship to Minor

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## Consent

I acknowledge that I am the legal parent/guardian of the above-named minor and consent to their participation in art therapy sessions. I understand that art therapy sessions involve creative and therapeutic processes led by a qualified art therapist.

☐ I have read and understood the above information.

☐ I consent to my child participating in art therapy.

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## Confidentiality

Information shared in art therapy sessions is confidential except where disclosure is required by law (such as concerns about safety or abuse).

☐ I understand the limits of confidentiality as explained above.

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## Parent/Guardian Signature

Signature

Date

Therapist Information

Therapist Name

Contact Information