

# Art Therapy Informed Consent for Minors

## Minor's Information

Full Name

Date of Birth

Address

## Parent/Guardian Information

Full Name

Relationship to Minor

Contact Number

## Therapist Information

Therapist Name

Therapist Credentials

## Purpose of Art Therapy

## Potential Benefits & Risks

## Confidentiality

## Consent for Participation

## Parent/Guardian Signature

Printed Name

Date

## Therapist Signature

Printed Name

Date