

# Parental Consent for Child Counseling

## CHILD INFORMATION

Child's Full Name

Date of Birth

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name

Relationship to Child

Contact Number

## COUNSELING PROVIDER

Provider/Agency Name

Counselor's Name (if known)

## CONSENT

I hereby authorize the above-named provider and counselor to provide counseling services to my child named above. I understand the purpose and nature of counseling, and give my consent for participation.

## ADDITIONAL NOTES (OPTIONAL)

Parent/Guardian Signature

Date

Counselor's Signature

Date