## **Adolescent Counseling Informed Consent Document**

## **Adolescent Information**

Full Name
Date of Birth
Parent/Guardian Information
Parent/Guardian Name
Relationship to Adolescent
Purpose
Confidentiality
•
•
Participation and Voluntary Nature
Risks and Benefits
Parental/Guardian Consent
Signature of Parent/Guardian
Date
Signature of Adolescent
Cignatal of Adologooth
Data
Date