

# Group Counseling Consent Form (For Minors)

## Minor Information

Minor's Full Name

Date of Birth

School / Grade

## Parent / Guardian Information

Parent/Guardian Name

Relationship to Minor

Contact Number

Email Address

## Purpose of Group Counseling

## Confidentiality

## Risks & Benefits

## Consent



**I have read and understood the above information and give consent for my child to participate in group counseling.**

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Parent/Guardian Signature

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Date

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Counselor Signature

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Date