

# Trauma-Focused Youth Counseling Consent Form

Youth Full Name

Date of Birth

Parent/Guardian Name

**Purpose of Counseling**

**Confidentiality**

**Limits of Confidentiality**

**Risks and Benefits**

**Voluntary Participation**

**Consent**

I have read and understood the information above. I consent to trauma-focused counseling for my child.

Parent/Guardian Signature

Date

Counselor Signature

Date

