

Consent to Treat a Minor Child

Child's Name: _____ Date of Birth: _____

My signature on this form means that I agree to allow my minor child (under 14) to participate in counseling services provided by a therapist/counselor at Christian Therapy Services. I understand that this is a general consent for any mental health treatment or services that the therapist/counselor provides for my child. I also understand that while my child is receiving counseling, I or another legal guardian must remain in the lobby for the entirety of the session.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name