

Consent for Psychological Services to child(ren)

In order for minor children to receive counseling services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Name and dates of birth of child(ren) to receive a counseling service:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name of person requesting services _____

Your relationship to the child(ren) _____

Are you the legal parent or custodian of the above-named children? Y or N

I hereby swear that I have a legal right to obtain treatment for the above name child(ren) Y or N

In instances of divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above children. Are you willing to do so? Y or N

If the answer to any of the above questions is "NO" counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

I, _____, consent to _____, of _____, to provide counseling services to the child(ren) named above.

These services may include: Clinical interviews of the child(ren), testing of the child

Signature of person giving consent: _____

Date: _____

