

CONSENT TO COUNSEL AND CONDUCT THERAPY WITH A MINOR

I, the undersigned, do hereby give my consent and permission for

(therapist), to see my/our child, _____, for counseling

or assessment with or without me/us being present during sessions.

I, also, certify that I am the parent, guardian, or managing conservator of those listed above and that I am legally empowered to give this consent.

Parent/Legal Guardian Signature _____

Date _____