**Consent for Counseling Services for Child(ren)**

Because you are consenting to services for a child(ren) as the guardian, the parent, or Managing Conservator/Possessor Conservator of that child, it will be critical that the child trust me as the therapist. With your understanding in advance, I shall keep what your child says/does confidential.

If I think it would be helpful to share a specific detail with you, I shall first ask the child's permission to do so, or I shall encourage the child to do so. It is important to the therapy process that he/she does not think the parent and the therapist are conspiring against him/her in any way. You have the right and responsibility to question the therapy process, to understand the nature of activities with the child, and to be informed of the child's progress. I have the right to use my clinical discretion as to what is appropriate disclosure. I shall discuss with you how you can participate effectively in the child's treatment and progress outside of therapy if/when appropriate.

1. The minor(s) named below live in my home (full or part time) and I am 18 years of age or older. Yes No

2. Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Your Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Your relationship to child(ren): Parent Stepparent Guardian Grandparent Other

I hereby swear that I have the following legal custody (circle appropriate): Joint Sole None

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**Signature of person authorizing consent of services Date**