New Life
Counseling Center

CONSENT TO TREAT MINOR CHILDREN

I, **_____,** parent or legal guardian of **_____,**

do hereby consent to treatment or counseling, with and/or without me present in the same session. I/We understand that we are the holder of confidential privilege – the right to withhold disclosure of private counseling information about my child. However, in the interest of developing a trust relationship between the counselor and my/our children, I/we give the counselor permission to reveal or reserve information that is in his/her clinical judgment necessary to commit to best practices in regard to therapeutic progress and protection of my/our child(ren). The only exception to this discretion would be in the case of:

_____

_____.

Parent/Legal Guardian signature:_____ Date: _____

Parent/Legal Guardian signature:_____ Date: _____

Cases in which both Mother and Father are not available for consent must be documented in detail.

Counselor/Witness signature: _____ Date: _____