



Consent To Treat Minor

I, _____ (*parent/guardian*) , give my consent for _____ (*child*),
to receive counseling/therapy from Therapist at Healing with Grace Counseling Center.

I agree to abide with the laws of confidentiality and to respect the therapist/client relationship the clinician may develop with my child. I have been advised of the potential risks, as well as benefits, typically associated with the counseling process. I give my full consent and cooperation to this approach and agree to hold _____ (therapist name) and Healing with Grace Counseling Center harmless, except regarding reasonable and customary care. In some cases in which the custody of the minor child is at issue, the custodial parent may be asked to present a copy of the custodial order, which will become a part of this permanent file.

Print Name of Minor Child

Date

Print Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Therapist Name Print and Sign

Date