

# Christian Counseling Services

## Consent for Treatment of a Minor

\* To be signed by all parents and/or legal guardians.

I/we (\_\_\_\_\_)

the parent(s)/legal guardian(s) of \_\_\_\_\_ (age \_\_\_\_\_),

(hereinafter referred to as "the minor"), give authorization and consent for Christian Counseling Services to provide counseling to the minor.

This authorization and consent is given with my understanding that, although rare, there are potential risks associated with counseling children under 18. I/We fully understand these potential risks and choose to allow the minor to participate in counseling. I/We release Christian Counseling Services from any liability for discomfort, related to counseling services provided.

I/We have read and fully understand this authorization and release form. I/we understand that this form should not be signed if I/we do not fully understand or if all my/our questions have not been answered satisfactorily.

Printed name:

Printed name:

\_\_\_\_\_

\_\_\_\_\_

Signature:

Signature:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_