

Consent for Counseling Services for Minors Form

Pho: 828-638-5907
Fax: 828-322-2280

715 Fairgrove Church Rd SE Ste.202
Conover, NC 28613

In order for minor children/adolescents to receive psychological services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Child(ren) to receive psychological services:

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

Name of person requesting services: _____

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

Are you the legal parent or custodian to above-named children? YES NO

I hereby swear that I have legal right to obtain treatment for the above-named children: YES NO

In instances of divorce, it is required that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you must provide a copy of the court order which names you the legal custodian of the above child(ren) before any services can be rendered. Failure to do this will result in a canceled appointment which you will be required to pay for.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

North Carolina state law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.

This treatment may also include referral to other appropriate State and County agencies for further counseling.

I consent to allowing my clinician at Child & Family Therapy Center, in providing psychological services to the child(ren) named above.

Signature of person authorizing consent: _____ Date: _____

Signature of person authorizing consent: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR CUSTODY AGREEMENT