



MIND AND BODY
COUNSELING ASSOCIATES

Minor Parental Consent for Treatment

I/We certify that we are the legal custodial parent(s) or legal guardian(s) of
(Minor Child name)_____ and request treatment services by
(Therapist name)_____ of Mind and Body Counseling
Associates.

Yes, I give consent to provide therapy to my minor child.

No, I DO NOT give my consent to provide therapy to my minor child.

Signature of Parent/Legal Guardian

Date

Parent/ Legal Guardian Printed Name



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Minor Discretion Form

This form is used to set forth the policy regarding minors being seen by

(therapist name) _____

Please initial to indicate your agreement:

_____ I agree to remain within the therapy waiting room during my child's (that is under the age of 16 and are legally under my guardianship) therapy session.

_____ I give my permission for my child, that is 16 years or older and are legally under my guardianship, to arrive and leave their therapy session appointment on their own accord.

_____ The following individuals may pick up my child that is legally under my guardianship, please specify:

By your signature below, you are indicating that you read and understood this statement, and that any questions you have about this statement were answered to your satisfaction. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Signature

Date

Printed Name

Minor Child Name