



**CONSENT FOR TREATMENT OF A MINOR**

*NOTE: In shared-custody situations, both custodians must sign a consent form. Treatment cannot be provided beyond the first session without a signed consent form from all legal guardians/custodians of the minor.*

Minor's name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Message phone: \_\_\_\_\_

Who is the primary contact person responsible for minor? \_\_\_\_\_

**“I, \_\_\_\_\_, am the parent/guardian of the minor named above. I have read, understood, and had an opportunity to address any questions/concerns I have regarding treatment. I understand my child/adolescent will be treated with the best judgment possible. I hereby acknowledge that I am willing for my child/adolescent to receive counseling services from Northwest Christian Counseling, LLC.”**

List any restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Father/Guardian Phone Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature of Mother/Guardian Phone Date

\_\_\_\_\_  
Name (printed)

Counselor or Witness: \_\_\_\_\_ Date: \_\_\_\_\_