



Parental Consent to Treat a Minor

I, -----

(name of Parent or Guardian of child),

give my permission for my child,

(full name of Minor),

(birth date AND age of Minor),

to be treated by _____ in psychotherapy.

I also understand that for therapy to be successful with any individual, their confidentiality needs to be respected, even in the case of a minor child, **with exceptions of if the minor is a danger to himself/herself or to others.**

I understand that this permission to treat with respect for my child's confidentiality is given with my full consent. This consent will be valid throughout the duration of therapy, or until the following date: _____ (date consent expires).

Parent or Guardian's Signature

Relationship to Minor

Today's Date

Print name of Parent or Guardian

Address of Parent or Guardian (Street, City, State, Zip code)

Other Parent or Guardian's Signature

Relationship to Minor

Today's Date

Print name of Other Parent or Guardian

Address of Parent or Guardian (Street, City, State, Zip code)

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian or other representative.) My observations of this person's behavior and responses give me no reason to believe this person is not fully competent to give informed consent and willing consent.

Therapist

Date