

Parental Consent for Minors

I, _____(print name of parent or guardian) give my consent for Healing Waters Counselling Studio, to perform and conduct counselling with my son/daughter...

Minor's Name

My relationship to the client: _____

I understand that all material discussed during the counselling sessions is confidential and can be released only with permission of the client. I understand that the counsellor has a duty to maintain confidentiality except when there is a danger to the client or others; the abuse of a child or elder has not been reported; the client has been abused by another therapist or as required by law.

In case of a minor, special sensitivity may be required in releasing information to the parent/guardian due to the therapeutic relationship with client and counsellor. I will accept the counsellors professional judgment in regard to releasing or sharing information obtained during the course of counselling with the minor.

Signature

Date

Print Name