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**CONSENT FOR SERVICES FOR MINORS**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that I am the:

\_\_\_Father

\_\_\_Mother

\_\_\_Legal Guardian

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child, born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have been fully informed by my counselor of the hazards and possible consequences of counseling for my child and I hereby give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive counseling services from Thomas Counseling Center, LLC.

I also hereby certify that I have legal responsibility for this child and am authorized to seek treatment for him/her. In the case of divorce, I certify the same, and that I have:

\_\_\_\_\_ Full managing conservatorship, and the right to consent to treatment.

\_\_\_\_\_Joint managing conservatorship, or custodial managing conservatorship, and the right to consent to treatment for this child.

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

Parent Signature Date

**TURN PAGE FOR MORE TO FILL OUT**

**CONSENT OF MINOR**

I,*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* have read the above consent form signed by my *parent or legal guardian and join with my parent or legal guardian* and join with *[him/her]* in the consent.

I have been fully informed of the hazards and possible consequences involved in the treatment referred to.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness Date

\*Please note that in the event of divorce, it is our policy that you provide us with a copy of that part of your divorce decree, which pertains to custody of the minor child, and consent for medical/psychological services.