



## Consent to Treat a Minor

I, \_\_\_\_\_ (*name(s) of parent/legal guardian*), give my consent for \_\_\_\_\_ (*name of minor*), to receive counseling and/or coaching from at Healing with Grace Counseling Center. I agree to abide with the laws of confidentiality and to respect the counselor/coach and client relationship the clinician/practitioner may develop with my child. I have been advised of potential risks, as well as benefits, typically associated with the counseling process. I give my full consent and cooperation to this approach and agree to hold \_\_\_\_\_ (*name of counselor/coach*) and Healing with Grace Counseling Center harmless, except regarding reasonable and customary care. In some cases, in which the custody of the minor child is at issue, the custodial parent may be asked to present a copy of the custodial order, which will become a part of this permanent file.

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Printed Name of Minor Child

Date

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Printed Name of Parent/Legal Guardian

Date

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Signature of Parent/Legal Guardian

Date

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Printed Name of Counselor/Coach

Date

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Signature of Counselor/Coach

Date