TREE OF LIFE COUNSELING CENTER

151 North Town Crossing Suite 100 Waxahachie, TX 75165 (469) 552-6610

CONSENT FOR PROVIDING PROFESSIONAL COUNSELING SERVICES TO A MINOR

NAME OF MINOR CHILD: _____

This is to certify that I give permission to _____ (counselor) for counseling of my child (listed above). This counseling may include individual or group psychotherapy counseling and testing. This counseling may also include referrals to other professional agencies. This consent will continue throughout the course of therapy. You may revoke this consent at any time by verbal or written notice.

In all divorce or court ordered custodial situations, the counselor must have a copy of the most recent divorce decree, court order or custody agreement stating you have the legal authority to make counseling decisions for your minor child and signed consent from both parents (if applicable). Your child will not be seen if we do not have such documentation (as stated in the Texas State Board of Examiners of Professional Counselors Rules 681.41(v)).

By signing below, I am certifying that I have the legal authority to seek and grant permission for professional counseling services for this minor child.

_____

Signature Printed Name Relationship to Child

Date: _____

_____

Signature Printed Name Relationship to Child

Date: _____

Divorce Degree Provided: YES or NO (circle)

_____

Signature of Counselor Date