



True Self Counseling – Minor Consent

This is to certify that I/we, _____,
have legal custody or guardianship of the following child(ren):

Child's Name	Date of Birth

I/we give consent for the child(ren) to receive individual and/or family counseling from a licensed professional at True Self Counseling.

I further consent, in the interest of maximizing the effectiveness of services provided, that the content of this counseling will be considered confidential and will not be divulged to me without the child's knowledge.

Legal Guardian Signature

Date

Legal Guardian Signature

Date