



## Parent/Guardian Consent Form

Your permission is requested for your child/children: \_\_\_\_\_

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Because counseling is based on a trusting relationship between counselor and client, the counselor will consider information shared by the client confidential except in certain situations in which an ethical responsibility limits confidentiality. You will be notified under the following circumstances:

1. The minor reveals information about hurting himself/herself or another person.
2. The minor or another person may be in physical danger.

By signing this form, I give my informed consent for my child to participate in counseling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This consent will be on file throughout the time that your child is engaged in counseling services. You may revoke this consent at any time.