

Counseling Consent Form for Minors

This **counseling consent form sample for minors** ensures that parents or legal guardians provide necessary permission for a minor to receive counseling services. It outlines key details about the counseling process, confidentiality, and consent terms. Using this form helps protect both the minor's rights and the counselor's responsibilities.

Minor's Information

Minor's Name:

Date of Birth:

Address:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Minor:

Contact Number:

Counseling Information

Counselor Name: _____

Counseling Location: _____

Estimated Start Date: _____

Consent & Confidentiality

- The purpose, risks, and benefits of counseling have been explained to me and the minor.
- Confidentiality is maintained except in cases required by law (e.g., risk of harm, abuse).
- I understand I have the right to withdraw consent at any time.

☐ I, the undersigned, give consent for my child to participate in counseling services.

Signatures

Parent/Guardian Signature:

Date:

Minor's Signature (if appropriate):

Date:

Submit