

Child Therapy Session Consent Form Sample

This **Child therapy session consent form sample** outlines the necessary permissions and information required for parents or guardians to authorize therapeutic services for their child. It ensures that all parties understand the treatment process, confidentiality, and rights involved. Using this template helps streamline the intake process and promotes clear communication between therapists and families.

Child Information

Child's Full Name:

Date of Birth:

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Child:

Contact Number:

Consent and Agreement

I, the undersigned, consent to therapy sessions for my child as facilitated by the designated therapist. I understand the nature and goals of therapy, the limits of confidentiality, and my right to withdraw consent at any time. I authorize the therapist to provide services and communicate with other professionals as necessary for my child's care, in line with legal and ethical standards.

I have read and agree to the terms above.

Signature of Parent/Guardian:

Date:

Submit Consent Form