

# Counselling Consent Form Sample for Minors

This **counselling consent form sample for minors** ensures that legal guardians provide explicit permission for their child's participation in counselling sessions. It outlines the rights and responsibilities of both the counsellor and the guardian, promoting a clear understanding of confidentiality and consent. Utilizing such forms helps protect the minor's welfare and supports ethical counselling practices.

Minor's Information

Name of Minor:

Date of Birth:

Parent/Legal Guardian Information

Name:

Relationship to Minor:

Contact Number:

Consent Details

I, 

Parent/Guardian Name

, authorize 

Counsellor's Name

 to provide counselling services to my child, as named above.

☐

 I understand and agree to the principles of confidentiality and its limitations (such as mandatory reporting requirements).

☐

 I acknowledge that participation in counselling is voluntary and that I can withdraw consent at any time.

☐

 I understand that relevant information may be shared with me as appropriate, within confidentiality boundaries.

Date:

Signature of Parent/Guardian:

Type full name

Submit Consent