

Therapy Consent Form for Minors

This **therapy consent form sample for minors** ensures legal permission is obtained from guardians before initiating mental health services for individuals under 18. It outlines the rights, responsibilities, and confidentiality details crucial for a clear understanding between therapists and parents or guardians. Using this form helps safeguard both the client's welfare and the provider's compliance with regulations.

Minor's Information

Full Name:

Date of Birth:

Age:

Parent/Guardian Information

Full Name:

Relationship to Minor:

Phone/Email:

Consent Details

I, the undersigned parent/legal guardian, give consent for my child (named above) to engage in mental health therapy services provided by the designated therapist or clinic. I understand the following:

All information shared with the therapist will remain confidential, except where disclosure is permitted or required by law (e.g., risk of harm, abuse, court order).

I have the right to participate in treatment planning and access appropriate records, consistent with professional and legal guidelines.

I may withdraw consent at any time by providing written notice.

Signatures & Authorization

Parent/Guardian Signature:

Date:

Submit Consent