

Parent/Legal Guardian Consent to Counsel Minor Child Form

As the custodial parent(s) or legal guardian(s),

_____,
(print parent name)

and _____, give my/our permission for Janet M. Braun
(print parent name)

to counsel my/our child.

(print child's name)

with or without me being present in the same session. I/We understand that the counselor is the holder of confidential and privileged information. In the best interest of developing a trust relationship between the counselor and my child(ren), I/we give the counselor permission to reveal/withhold information that in his/her clinical judgment is necessary to best help and protect my child(ren). The only exceptions in this discretion would be in the case of: suicidal thoughts, drug/alcohol use, self-harming in any way, and/or threats to harm someone else or to do harm to someone else's property. Parent/Guardian will also be notified if there is a possibility of pregnancy.

Signature of parent or legal guardian

Date ____/____/____

Signature of parent or legal guardian

Date ____/____/____

NOTE: Where there is joint legal custody, both parents must sign.

Custodial Documentation

I have submitted a copy of the final legal decree describing custodial responsibilities:

_____ parent or legal guardian (initial)

_____ parent or legal guardian (initial)

Elliott's Corner, Inc., Janet M. Braun, LMFTA - 2009

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_____ Divorce

_____ Adoption

_____ Foster care