

SAMARITAN COUNSELING CENTER OF WEST TEXAS, INC.

CONSENT FOR BRINGING A MINOR TO THERAPY

Parent/Guardian Initial on Left and Therapist will initial on Right

____/____ I give my permission for my child (client's name) _____
(date of birth) ____/____/_____ to be brought to therapy by (individuals name)
_____. Individual's relationship to
child _____. I understand that the individual bringing my child must
be of 18 years of age or older.

____/____ By initialing, I am giving permission for my **17 YEAR OLD SON/DAUGHTER/MINOR WHO
IS IN MY CARE** (clients name) _____
(date of birth)____/____/_____ to bring his/her self to therapy. I understand that by
giving my permission, I **MUST BE AVAILABLE** at the following contact numbers when the
minor listed above is in therapy. I also understand that if my contact number changes, I **MUST
UPDATE THIS CONTACT INFORMATION IMMEDIATELY.**

Parent/Guardian contact name: _____

Primary phone number: _____ Cell Home Work

Secondary phone number: _____ Cell Home Work

____/____ By initialing here, I understand that if my child is 16 years old or under, **I AS THE
PARENT/GUARDIAN/RESPONSIBLE ADULT PRESENT, MUST REMAIN AT THIS
CENTER UNTIL THE SESSION HAS CONCLUDED.**

____/____ By initialing here, I understand that ANY CHILD under the age of 12 years old **CANNOT BE
LEFT UNATTENDED** in the waiting area.

Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____