

CONSENT FOR COUNSELING MINORS:

I, _____ (counselor name), represent that I have legal authority to obtain counseling for any minor child/children.

EMERGENCIES:

During office hours, the counselee can contact the counselor at _____ (provide phone #). If the counselee is unable to reach his counselor in a timely manner, he should contact , his pastor, his physician, a local emergency room or the local police department when necessary and appropriate. It is the counselee's responsibility to seek the appropriate resources in emergency situations.

By your signature below, you indicate that you have read and understood this statement, and any questions about this statement were answered to your satisfaction. You also indicate that you have received a copy of this statement for your records.

By your counselor's signature, _____(counselor name) verifies the accuracy of this statement and acknowledges her commitment to conform to its specifications.

Counselee/Guardian Name (Print): _____

Signature: _____

Date: _____

Counselor Name (Printed): _____

Signature: _____ date: _____

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