



DR. JULI ANN WILHITE
NCCA Licensed Clinical Christian Counselor
214-415-7124

Consent for Psychological Services to Child(ren)/Teens

In order for minor children to receive counseling services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Name and dates of birth of child(ren) to receive counseling services:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name of person requesting services _____

Your relationship to child(ren): Parents Stepparent Grandparent Guardian Other ____

Are you the legal parent or guardian of the above-named child(ren)? Yes ____ No ____

I hereby swear that I have a legal right to obtain treatment for the above-named child(ren)
Yes ____ No ____

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services.

If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal guardian of the above children. Are you willing to do so? Yes ____ No ____

If the answer to the above questions is "No," counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

I, _____, consent to Dr. Juli Ann Wilhite of 180CCT to provide counseling services to the child(ren) named above.

These services may include:

clinical interviews of the child(ren)

testing of the child(ren)

counseling/psychotherapy

other services: _____

Signature of person giving consent

Date