

Cornerstone Counseling Center

• Individual • Family • Group Therapy •
4037 Parchman • North Richland Hills, Texas 76180
(817) 595-2520

Counseling Consent of a Minor

I, _____ give my permission for
Cornerstone Counseling Center to provide counseling services to
my child/children, _____,

Date of Birth(s) _____.

I am aware that by signing below I am giving permission for the
counselor and my child to discuss issues necessary for my child's
mental and emotional well-being.

I am also aware that during counseling, my child may wish to keep
certain issues private regarding their feelings or thoughts about
either parent.

I am aware that I retain the option to enter counseling at any time
with my child.

Finally, I am aware that this consent will remain in effect until my
child turns seventeen, but I can revoke it at anytime in writing.

Parent or Legal Guardian

Date