


Parental Permission to Treat a Minor

 Kanawha Pastoral Counseling Center
16 Leon Sullivan Way, Suite 300
Charleston, WV 25301
304-346-9689 www.kpcc.com

Client Name: _____

Date: _____

I hereby give permission for (child's name) _____

my (child, ward, etc.) _____, who is _____ years old, for counseling at KPCC.

- 1) I hereby verify that I have the legal right to bring this child for counseling. Initial: _____
- 2) If child's parents live separately, or are divorced I verify that I have sole/joint (circle) decision making responsibility for my child's emotional/mental/medical health care. I have produced a copy of the court order for the therapist. Initial: _____
- 3) If the court order does not specify sole responsibility for regular (non-emergency) medical treatment, this form must be signed by both parents.
- 4) I understand that the therapist will likely contact both parents to gather information and to discuss treatment options.
- 5) I understand that all consultation between the above-named child/client and the therapist shall be held in strictest confidence. I will not ask the child/client or the therapist to divulge the contents of their conversations.
- 6) I may ask to be included in a joint session with the therapist and the child/client if I have any concerns which I wish to share with either of them.
- 7) I may also ask to meet individually with the therapist to discuss issues related to my parenting of my child.
- 8) Anything I choose to share with the therapist about the child/client by phone or otherwise may be communicated to the child/client by the therapist.
- 9) I understand that if the child/client poses a threat to the physical well-being of him/herself or others the therapist will inform me of the danger. I understand that if the therapist has a reason to suspect neglect or abuse of my child, the therapist is obligated to report this to Child Protective Services.

Signature of Mother or Guardian 1

Phone

____/____/____
Date

Signature of Father or Guardian 2

Phone

____/____/____
Date