

WESTSIDE CHRISTIAN COUNSELING CENTER

Authorization to Treat a Minor

I, _____, as the parent or
legal guardian of _____ (the 'Minor'),
give my permission for _____ (Therapist)
to meet with the Minor for therapy/counseling with or without my being present and
consent to the confidential treatment relationship between the Minor and such Therapist.

Parent/Legal Guardian Signature

Date

Therapist Signature

Date