

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