

**Consent for Counseling Services to Child(ren)**  
**Your Best life Now Counseling**  
**1122 S Dixie Highway**  
**Radcliff KY 40160**  
**270-307-0111**

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 or person requesting services \_\_\_\_\_

Your relationship to child(ren) Parents Stepparent Grandparent Guardian Other \_\_\_\_\_

Are you the legal parent or custodian of the above-named children Yes\_\_ No\_\_

I hereby swear that I have a legal right to obtain treatment for the above named children Yes\_\_\_\_\_ No\_\_\_\_\_

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for 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 custodian of the above child(ren). Are you willing to do so? Yes\_\_\_\_ No\_\_\_\_

If the answer to any of 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 through divorced, may have the right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

I, \_\_\_\_\_, consent to \_\_\_\_\_ of \_\_\_\_\_ providing counseling services to the child(ren) named above.

These services may include:

\_\_\_\_\_ clinical interviews of the child(ren)

\_\_\_\_\_ testing of the (child(ren)

\_\_\_\_\_ counseling

\_\_\_\_\_ other services: \_\_\_\_\_

Signature of person giving consent \_\_\_\_\_ Date \_\_\_\_\_