

Adolescent Health Consent for Counseling Services

Date: _____

To Whom It May Concern,

I, _____ (Parent/Guardian Name), am the legal guardian of _____ (Adolescent's Name), who is currently _____ years old.

As the guardian, I hereby give my consent for my child to receive counseling services provided by _____ (Name of Counseling Professional/Organization) for the purpose of addressing health and emotional well-being issues. I understand that these services may include discussions regarding mental health, emotional support, and other related matters.

I acknowledge that I have been informed about the counseling process, including confidentiality and the limits to confidentiality. I understand that my child has the right to receive these services and that I may request to be involved in the sessions if appropriate and necessary.

If I have any questions or concerns regarding this consent, I will contact the counseling provider.

Signature of Parent/Guardian: _____

Printed Name: _____

Contact Information: _____

Thank you for your attention to this matter.

Sincerely,
