

# Consent for Psychological Services

Date: \_\_\_\_\_

To Whom It May Concern,

I, \_\_\_\_\_ (parent/guardian name), am the legal guardian of  
\_\_\_\_\_ (adolescent's name), who is \_\_\_\_\_  
(age) years old.

I hereby give my consent for my child to receive psychological services provided by  
\_\_\_\_\_ (provider's name) at \_\_\_\_\_  
(location/facility).

I understand that these services may include assessment, individual therapy, and/or group therapy aimed at improving my child's mental health and emotional well-being.

I acknowledge that I have been informed about the nature of these services, their potential risks and benefits, and my rights as a guardian in this process.

By signing below, I consent to my child receiving the aforementioned psychological services.

Signature of Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Adolescent: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Thank you for your attention to this matter.