**Cross and Crown Counseling**

**Jennika Padilla**

**Certified Temperament Therapist**

**NCCA Licensed Pastoral Counselor**

**Consent for Psychological Services for Children**

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.

Please list the name(s) of child(ren) and date(s) of birth for each child to receive counseling services:

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the name of the person requesting these services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to the child(ren): Parent\_\_\_\_\_Stepparent\_\_\_\_\_Grandparent\_\_\_\_\_Guardian\_\_\_\_\_ Other\_\_\_\_\_

Are you the legal parent or guardian of the above-named child(ren)? Yes\_\_\_\_\_ No \_\_\_\_\_

I hereby swear that I have a legal right to obtain treatment for the above-named child(ren).

Yes\_\_\_\_\_ No\_\_\_\_\_\_

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, stepparent, grandparent, guardian, or other, you may be asked to provide a copy of the court order which names you the legal guardian of the above child(ren). Are you willing to do so? Yes \_\_\_\_\_ No\_\_\_\_\_

If you have joint custody, is the other parent willing to consent to counseling for the above named child(ren)? Yes\_\_\_\_\_ No \_\_\_\_\_

If the answer to the above question 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 though divorced, may have a right to obtain from the provider, Jennika Padilla of Cross and Crown Counseling, information regarding the nature and course of treatment of the child(ren).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_consent to Jennika Padilla of Cross and Crown Counseling to provide counseling services to the child(ren) named above. These services may include:

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

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

\_\_\_\_\_\_\_\_\_\_ Counseling/Psychotherapy

\_\_\_\_\_\_\_\_\_\_ Other services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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