



**Custodial Parents/Guardian Signature**

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

**(Print Child's Name)**

**(Date Of Birth)**

**Parent #1**

I \_\_\_\_\_, give my authorization to Engage Counseling Services to provide counseling services for to the above minor client. I attest the following is my legal responsibility with this minor child and will promise to let Engage Services know if legal status changes.

Check on of the following:

Custodial Parent    Non-Custodial Parent    Dual Custody    Other \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature*

**Parent #2 (If available)**

I \_\_\_\_\_, give my authorization to Engage Counseling Services to provide counseling services for to the above minor client. I attest the following is my legal responsibility with this minor child and will promise to let Engage Services know if legal status changes.

Check on of the following:

Custodial Parent    Non-Custodial Parent    Dual Custody    Other \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature*

Receipt of divorce or custody degree. Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Minor Child: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature*

Therapist: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature*