



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: _____
Signature

____/____/____
Date

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: _____
Signature

____/____/____
Date

Receipt of divorce or custody degree. (Upon Request)

Date received: ____/____/____

Minor Child: _____
Signature

____/____/____
Date

Therapist: _____
Signature

____/____/____
Date

I/We acknowledge that ALL parties/parent(s) who are legally required to give consent for therapy through Engage Counseling Services LLC have signed this consent.