

# Midwest Trinity Counselling



## Parental Consent for Counselling

I \_\_\_\_\_, & \_\_\_\_\_  
(Parents Name) (Parents Name)

Parent(s) of \_\_\_\_\_ who is \_\_\_\_\_, born on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Child's Name) (Years of Age) (Month Day Year)

allow Midwest Trinity Counselling to provide counselling to my child \_\_\_\_\_.  
(Child's Name)

(If only one parent is available to sign)....."I commit myself to informing the other parent, who has legal authority of the child, of counselling services given to the child."

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Member in Good Standing