

Samaritan Counseling Centers

Client # _____

Location _____

Counselor _____

Consent for Treatment of Minors

In the state of Alabama, a minor is defined as a person under the age of 14.

Name of Minor _____

Date of Birth _____

This is to certify that I give permission to _____, counselor with Samaritan Counseling Centers of Greater Birmingham, for treatment of my child.

This treatment may include individual or group counseling, psychotherapy, or testing. I understand that the treatment plan for my child (or the child for whom I have legal custody) may also include referral to other mental health professionals or to appropriate State and/or County agencies for further evaluation or counseling.

Signature of Parent or Legal Guardian

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/ Legal Guardian

Printed Name of Parent/Legal Guardian

Date

Street Address

City

State/Zip code

Home Phone

Cell

Work

Email
