



# Minor Consent

## Consent for Counseling a Minor

I, (We) \_\_\_\_\_, \_\_\_\_\_, the undersigned parent(s) or guardian(s) of the \_\_\_\_\_ herein identified minor(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_\_  
Age \_\_\_\_\_  
Age \_\_\_\_\_  
Age \_\_\_\_\_

Do hereby give my/our written consent for said minor(s) to be entered into counseling with **Britt Brennan**, MA, LMFT. It is understood that this consent is subject to revocation by the undersigned at any time except to the extent that action has already been taken on that consent.

My/our signatures(s) below also verifies that I am a legal parent or guardian of the above mentioned minor(s), and have the legal right to consent for said minor(s) to receive treatment from **Britt Brennan**, MA, LMFT.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date