

Bridge Counseling Group
Kristen Crichton, MFC #39867
8037 Fair Oaks Blvd., Suite 110, Carmichael, CA 95608
Phone (916) 557-8881

CHILD AND ADOLESCENT CONSENT FOR TREATMENT

Client Name: _____

I/We, _____, give permission and consent for _____/Bridge Counseling Group to see the above named child/adolescent for counseling with or without my presence during sessions. I certify that I am the Father, Mother, or Legal Guardian of this child/adolescent. (In divorce situations please attach a copy of the custody agreement.)

I/We give _____ permission to keep confidential personal information that my child reveals in session. This will be done to create safety and trust between Bridge Counseling Group and my child. The only exception to this discretion would be in the case of harm coming to my child or someone else.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____