**Bridge Counseling Group, MFC #39867**

**10940 Fair Oaks Blvd, Suite 100**

**Fair Oaks, CA 95628**

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