

Bridge Counseling Group, MFC #39867
5006 Sunrise Blvd, Suite 104
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 _____