

**Catholic Charities Counseling Services  
Consent for Treatment of Minor(s)**

I, \_\_\_\_\_, authorize Catholic Charities to provide counseling for the below named child(ren):

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*Minors must be accompanied by a parent or legal guardian. The parent or legal guardian must remain available to the therapist if needed during the counseling session.*

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

\_\_\_\_\_  
Address City State Zip Code

( ) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

Tuesday, October 08, 2013