

Southcliff Baptist Counseling Center  
Southcliff Baptist Church  
4100 Southwest Loop 820  
Fort Worth, Texas 76109  
817-924-2241

### Consent for Counseling a Minor

Minor's Name: \_\_\_\_\_

Parents' Names: (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This is to certify that I give permission to Southcliff Baptist Counseling Center for treatment of my minor child. In addition to counseling, therapy may include appropriate testing and assessment. Therapy may also include consultations with other associates and referrals to other appropriate state and county or professional agencies for further counseling.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Minor Child

\_\_\_\_\_  
Type of Documentation

\_\_\_\_\_  
Signature of Witness/Title

\_\_\_\_\_  
Date