



Case Number _____ Client Name _____

PARENTAL CONSENT FOR MINORS

I _____, being the legal parent/guardian of _____ hereby give my consent for my son/daughter to receive the counseling services of Family Services of Greater Houston. I further agree to allow _____ to continue in treatment until I notify Family Services of any changes or plans to discontinue, or until the Family Services counselor determines that treatment is no longer necessary.

I understand that the information my son/daughter shares with the counselor is confidential and can be shared with me only at the counselor's discretion.

Signature of Parent or Guardian

Date