

Atlantic Counseling & Consultation, Inc. *Est. 1982*

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PARENTAL CONSENT FOR COUNSELING

I, _____ the parent of _____, date of birth _____, give permission for my son/daughter, who is under the age of 18 years old, to attend psychotherapy visits at Atlantic Counseling & Consultation, Inc. This document allows my child's therapist to provide ongoing counseling to my child for a period over the next 6 months. If therapy is needed beyond this point, I will ask you to give further permission.

During the course of therapy it is recommended that both parents maintain contact with the underaged child's therapist. It is acknowledged that the child's individual therapy content will remain confidential.

Parent Signature: _____ Date: _____