

# PARENTAL CONSENT FOR TREATMENT

I/We, \_\_\_\_\_ and \_\_\_\_\_  
Name of custodial parent/guardian Name of other custodial parent/guardian if necessary, see below

Consent to New Life Counseling Center, PLLC and its contractors, providing counseling services to:

_____ Name of minor/dependent adult	_____ Date of birth
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Please select appropriate custodial arrangement that applies to your situation:

Check one

- Biological parents residing together  
-consent for treatment form may be signed by **both** biological parent
- Biological parents not residing together – sole custody agreement  
-consent for treatment form must be signed by **the parent with sole custody**
- Biological parents not residing together—joint custody agreement  
-consent for treatment form must be signed by **both** biological parents

_____ Signature of Custodial Parent/Guardian	_____ Date
_____ Signature of Custodial Parent/Guardian	_____ Date
_____ Signature of New Life Counseling Center, PLLC Representative	_____ Date