Parent/Legal Guardian Consent Form for Minor Counseling

Child's Information
Full Name: _____
Age: _____ Date of Birth: _____

Parent/Legal Guardian Information
Full Name: _____
Relationship: _____
Phone: _____
Email: _____
Address: _____

Consent
I confirm that I am the parent/legal guardian of the above-named minor. I voluntarily give my informed consent for my child to receive counseling and/or psychological assessment services from Nikita Vashistha, Counseling Psychologist.

I understand that:
- Counseling supports the child's emotional, behavioral, and psychological well-being.
- Information shared is generally confidential, except where disclosure is required by law or there is a risk of harm.
- I may ask questions and withdraw consent at any time by informing the psychologist in writing.
- Counseling does not include medical treatment or prescription of medication.

Emergency Contact
Name: _____
Relationship: _____
Phone: _____

Declaration
I have read and understood the information above and voluntarily provide my consent for my child to receive counseling services.

Parent/Guardian Name: _____
Signature: _____
Date: ____/____/_____

Counseling Psychologist: Nikita Vashistha