

Verity Soul Care

## **PARENTAL CONSENT to COUNSEL MINOR CHILD**

I, \_\_\_\_\_, am the parent or legal guardian of the minor child whose name appears below. I have custody of my child and am under no court order which would prevent me from seeking counsel on my child's behalf.

Parent/Guardian Initials: \_\_\_\_\_

I have read and agree to be bound by the terms in Verity Soul Care's Consent to Counseling form, attached hereto and incorporated by reference herein.

Parent/Guardian Initials: \_\_\_\_\_

I understand that all counseling provided my child will be based on Biblical principles which may not be in accordance with modern psychological standards. By requesting counsel from Verity Soul Care, I intend to exercise my fundamental right to instruct my child in the principles of the Christian faith.

Parent/Guardian Initials: \_\_\_\_\_

By affixing my signature below, I give Verity Soul Care permission to counsel my child.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date: \_\_\_\_\_