



WELLNESS CENTER – COUNSELING SERVICES
CONSENT FOR TREATMENT OF A MINOR CHILD

If your child is under eighteen years of age, please be aware that the law may provide you the right to examine your child’s treatment records. Privacy is often crucial to successful progress and outcomes in therapy. For minor college students treated at the Wellness Center Counseling Service, our policy is to provide only general information about our individual work together if requested by parents, unless your child is posing a significant threat to him/herself or to others. In that event, you will be promptly notified of our concern. Other information will be communicated only with your child’s consent.

I hereby authorize the Northwestern College Counseling Service to provide professional therapy services to my minor child.

Parents of Minor Child legally married to one another and legal guardians:

Minor’s Name: _____ Birthdate: _____ Age: _____

Mother’s Signature _____ Date: _____

Father’s Signature _____ Date: _____

Parents of Minor Child who are legally divorced:

I affirm that I am the custodial parent and have the sole authority to seek and grant permission for psychological treatment for the minor child listed below, there being no legal decree or modification disallowing my authority to assume such responsibility.

Minor’s Name: _____ Birthdate: _____ Age: _____

Custodial Parent’s Signature _____

Date: _____