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MINOR INFORMATION & CONSENT

Name of Minor Client: _____

Date of Birth: _____

Please fill in all that apply:

Birth Mother's Name: _____ Step Father's Name: _____

Birth Father's Name: _____ Step Mother's Name: _____

Name of responsible party: _____

Street address of responsible party: _____

City, State, Zip: _____

Who brought minor child for counseling? _____

Who is the legal guardian for the minor client? _____

What is your relationship to minor client if none of the above?

This is to certify that I/we, _____, have legal custody or guardianship of the above named child and have the legal right to authorize the care, treatment, and counsel of this child. I give consent for him/her/them to receive services from this counselor.

I/we further consent, in the interest of maximizing the effectiveness of the services provided, that the content of this counseling, with the exception of the content of any given sessions where I/we may be invited to be present, will be considered confidential and will not be divulged to me without my child's knowledge.

Signature: _____ Date: _____
Legal Custodial Parent/Guardian

Signature: _____ Date: _____
Legal Custodial Parent/Guardian

Therapist Signature: _____ Date: _____