

Spiritual Care Support Ministries Client Parental Consent Form

I, _____, give my consent for my child,
_____, to engage in counseling with
Spiritual Care Support Ministries.

Both parents, whether married, separated, or divorced, who have legal joint custody/guardianship of the child, must sign below. If any parent has sole custody of the child, their signature is all that is required.

Date: _____

Parent Signature

Print Name

Parent Signature

Print Name

Street Address

City, State, Zip Code

Phone Number

Email

Please provide any additional information we may need to know here:
