



Metro Counseling Center
Healing the Brokenhearted

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MINOR CONSENT FORM

TODAY'S DATE: _____

This is to certify that I/We, _____, have legal custody or guardianship of the following child(ren):

Child's Name _____/_____/_____
Date of Birth

Child's Name _____/_____/_____
Date of Birth

Child's Name _____/_____/_____
Date of Birth

Child's Name _____/_____/_____
Date of Birth

Child's Name _____/_____/_____
Date of Birth

I/We give consent for him/her/them to receive individual and/or family counseling from a counselor at Metro Counseling Center. I 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 session where I may be invited to be present, will be considered confidential and will not be divulged to me without my child's knowledge.

Legal Custodial Parent/Guardian Signature _____/_____/_____
Date

Legal Custodial Parent/Guardian Signature _____/_____/_____
Date