The Journey Therapy LLC

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# Parent Consent Form

Thank you for trusting me to assist you with your personal concerns. Please take the time to read the document and let me know if you have any questions.

Beth Crowley, MFT, CEDS will provide psychotherapy services to your child(ren)_____& _____. The goal is to help your child(ren) be successful emotionally, socially and academically. Individual, couple and family counseling is available to enhance your child(ren)'s success. I am requesting your involvement, and need permission to see your child.

This consent is valid until termination of the therapeutic relationship. You have the right to revoke consent at any time. Verbal or written notification will be accepted.

I understand the information stated in this form and give consent for my child(ren)_____

&_____ to receive therapeutic counseling with The Journey Therapy, Beth Crowley, MFT, CEDS

Date:_____ Relationship:_____ OK to leave message? Yes No OK to leave message? Yes No State, Zip_____

Date:_____ Relationship:_____ OK to leave message? Yes No OK to leave message? Yes No State, Zip_____

Parent's Signature: Parent's Name: Home Phone: Work Phone: Home Address:

Parent's Signature: Parent's Name: Home Phone: Work Phone: Home Address:

_____ _____ _____ _____
_____

_____ _____ _____ _____
_____

If child's parents are legally separated or divorced, please complete the following*: Legal Custody: Mother_____% Father _____%
Physical Custody Mother_____% Father _____%
*Please provide a copy of the custody agreement.