



1095 Pingree Road, Suite 202  
Crystal Lake, IL 60014

## Parental Consent Form

I, \_\_\_\_\_ give my permission for my minor child,  
\_\_\_\_\_, to participate in counseling services. I may  
participate in these counseling sessions per my request and/or the request of my child or  
therapist. This consent may be withdrawn at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Therapist Signature

\_\_\_\_\_  
Date