Consent Form for Minors

I have been informed that the spiritual care that my child (Name of Child) _____ will be receiving from (name of Biblical Counselor) _____ at The Center for Biblical Counseling is Christian and biblical in nature. I have also been informed that (name of Biblical Counselor) _____ is an encourager and disciple trained as a biblical counselor and spiritual friend in the church's Hope Center for Biblical Counseling Ministry. Under supervision from one of the HCBC trainers, (name of Biblical Counselor) _____ offers to provide biblical encouragement and discipleship on personal and relational matters from a spiritual perspective guided by biblical principles. He/she is not trained, authorized, or licensed to provide professional counseling, psychological treatment, or psychological diagnosis. I give my consent to (name of Biblical Counselor) _____ to discuss any and all of the information that my child talks about in his/her meetings with his/her supervisor(s) at the Hope Center for Biblical Counseling. _____ _____

Name of Child Age of child _____

Parent/Guardian Signature _____Date_____