



## **PARENTAL/GUARDIAN CONSENT**

### ***Name of Child/Children***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I/We am/are the parent(s) or otherwise the legal guardian(s) for the above listed child(ren). I/We agree to take total responsibility for the results of the counseling session and hold free and harmless from any and all liability both the counselor and Sagemont Counseling Center.

I/We have read and understand the above paragraph and give my/our consent to my/our child(ren) participating in counseling sessions at the Sagemont Counseling Center.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_