



## Pastoral Counseling - Consent for Counseling Minors

Child's Name	
Age	
Grade	
Parent/Guardian's name	
Phone Number	
Email	
Address	

The child lives with:    Both parents    Father    Mother    Other

All parents/guardians are aware the child is seeking counseling?    Yes    No

Is the child fostered or adopted?    Yes    No

Does the child have contact with biological parents?    Yes    No

Is this a blended family?    Yes    No

**Please check all that apply:**

<input type="checkbox"/>	My child is struggling with anxiety	<input type="checkbox"/>	My child is struggling with depression
<input type="checkbox"/>	My child is struggling with hopelessness.	<input type="checkbox"/>	My child is cutting.
<input type="checkbox"/>	My child is struggling with grades.	<input type="checkbox"/>	My child is lacking motivation.
<input type="checkbox"/>	My child is struggling with obedience.	<input type="checkbox"/>	My child is struggling with fear.
<input type="checkbox"/>	My child is struggling with their sexuality.	<input type="checkbox"/>	I'm concerned about my child harming themselves.
<input type="checkbox"/>	My child has viewed pornography.	<input type="checkbox"/>	My child has friend and/or teacher issues.
<input type="checkbox"/>	My child has a problem with authority.	<input type="checkbox"/>	My child is taking prescription drugs.
<input type="checkbox"/>	My child has been diagnosed with ADHD.	<input type="checkbox"/>	My child has been diagnosed with OCD.
<input type="checkbox"/>	My child has been physically or sexually abused.	<input type="checkbox"/>	My child has accepted Jesus Christ as their Savior.
<input type="checkbox"/>	My child attends MBC Kids, MVMT Middle or MVMT High.	<input type="checkbox"/>	My child has been baptized.

What is the situation that brought you to counseling?

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What do you hope is accomplished?

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I, \_\_\_\_\_, authorize my child to be counseled by a member of the pastoral staff at Meadowbrook Church.

I have read and understand this form: Consent for Counseling for Minors.

I have read and understand the Pastoral Counseling Informed Consent Form.

My minor child understands they are being counseled by a member of the Meadowbrook Church pastoral staff and agreed to engage and cooperate with the process.

I understand that I must stay in the Care Lobby while my minor child is with the pastoral counselor.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date