

Southside Counseling Center, LLC

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Director:

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CONSENT FOR TREATMENT OF MINORS

Name of minor child: _____

Age: _____ years, birth date _____

I, _____, am the legal custodian of the above-named minor.

Please check one:

_____ I have full legal authority to consent to treatment of the minor without obtaining consent or approval of another person. I have provided the appropriate legal documentation to that effect.

_____ I have joint legal custody of the minor, pursuant to a decree that requires both my consent and the consent of another person. Both signatures are below.

_____ I have made every attempt available to me to reach the above minor's other legal guardian, with no success. Since I am not able to provide written permission from the other legal guardian, I accept full legal responsibility regarding the above minor's counseling at Southside Counseling Center.

I hereby authorize Southside Counseling Center, LLC to provide counseling to the minor in connection with substance abuse, mental health and/or other personal problems.

Parent or Legal Guardian

Parent or Legal Guardian

Date: _____

Witness: _____