



LAFAYETTE CHRISTIAN COUNSELING CENTER, LLC

www.lafayettechristiancounseling.com

CONSENT TO TEST, COUNSEL AND CONDUCT THERAPY WITH A MINOR

I, the undersigned, do hereby give my consent and permission for Sally S. Creed, LPC, to test, counsel, and/or conduct therapy with the child or children listed below:

I further grant permission for Sally S. Creed to share information concerning those listed above with other professionals. I also understand that strict confidentiality will be maintained with the exception of endangerment of life, welfare, or as otherwise provided by law.

I also certify that I am the parent, guardian, or managing conservator of those listed above and that I am legally empowered to give this consent.

Name (Please Print)

Signature

Date