

**Agape Counseling Services, PLLC**  
217 N. Fifth Ave, suite 201  
Wilmington, N.C. 28401  
(910) 251-7789

**Consent Form For Minors**

I, \_\_\_\_\_ (*parent or guardian*) give my consent for Agape Counseling Services, PLLC to perform and conduct psychotherapy/counseling with my son/daughter...

\_\_\_\_\_  
(*Minor's name*)

My relationship to the client: \_\_\_\_\_

I was notified that the holder of the privilege is \_\_\_\_\_  
(*Guardian or Parent*)

I was also notified that all material discussed during the psychotherapy/counseling sessions is confidential and can be released only with permission of the holder of the privilege. I have been informed of the limitation to confidentiality as outlined in the Informed Consent and General Information, which I have read and signed.

In case of a minor, special sensitivity may be required in releasing information to the parent/guardian due to the therapeutic relationship with client and counselor. I will accept the Psychotherapist/Counselors Professional judgment in regard to releasing or sharing information obtained during the course of psychotherapy/counseling with the minor.

\_\_\_\_\_  
*Name (Print)*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*