



EVERYONE'S COUNSELING CENTER, INC.

1600 E. Robinson St., Suite 250 * Orlando, FL 32803 * (407) 423-3327 * (800) 544-1817 * www.eccflorida.org

AUTHORIZATION TO TREAT MINOR CHILD / CHILDREN

This document MUST be authorized and signed by both parents or court ordered legal guardian or documented caregiver.

Legal documentation is required should one or both parents not be available to authorize permission and to sign. If a legal guardian has been appointed by law, court documents are required which authorized the legal guardian.

Date: _____

I (We), as parent(s) / guardian(s) of _____, give my (our) permission, consent, and approval for my (our) child to be seen by a therapist within Everyone's Counseling Center, Inc. to work with our son/daughter in therapy. I (We) understand the therapy sessions are confidential but that I (We) will be involved in the treatment process as needed at the request of the therapist.

Date Signed: _____

Date Signed: _____

Father / Legal Guardian signature

Mother / Legal Guardian signature

Witness Signature

Witness Signature

Therapist Signature