**AUTHORIZATION OF CONSENT FOR MINOR**

**Requirements for divorced parents to consent for a minor (provide one of the following):**

* Divorce papers indicating I have sole custody and can seek counseling for this minor.
* Divorce papers indicating I have joint custody and either of the parents can seek counseling for this minor without the other parent’s consent.
* Divorce papers indicating I have joint custody and both parents must agree or be notified if the minor is to receive counseling (***in this case, both parents must sign this form***). If the parent with legal rights to consent to consent is out of state, a notarized statement or notarized appointment of agent form (form designating someone other than the biological parent) indicating permission for counseling may be faxed to: Family Matters Counseling Center (817-361-4545).

**Requirements for separated parents for a minor**

* Guardianship papers or appointment of agent form indicating who may consent for counseling for the minor(s).
* Driver’s license of both separated parents (both must sign consent form).

**Requirements for unmarried parents to consent for a minor**

* If the minor is living with both parents together in the same household, either parent may consent.
* Birth certificate of minor listing one or both parents of the minor.
* Driver’s license of parent(s).

This is to certify that I give my consent to the Family Matters Counseling Center to provide counseling for my child/children. Services may include individual counseling, family counseling, or group counseling.

I understand that I may revoke my parental consent at any time except to the extent that actions have been taken thereon. If not revoked, this consent will expire one year from the date below \_\_\_/\_\_\_/\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name Relationship to Minor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name Relationship to Minor