

# **Biblical Counseling of Arizona**

## **Parental Consent to Counsel Minor Child**

I, \_\_\_\_\_, am the parent or legal guardian of the minor child whose name appears below. I have custody of my child and am under no court order which would prevent me from seeking counsel on my child's behalf.

I have read and agree to be bound by the terms in the "Biblical Counseling of AZ Services" ministry form attached hereto and incorporated by reference herein.

I understand that all counseling provided my child will be based on biblical principles which may or may not be in accordance with modern psychological standards.

By requesting counsel from Biblical Counseling of AZ, I intend to exercise my fundamental right to instruct my child in the principles of the Christian faith.

By affixing my signature below, I give Biblical Counseling of AZ permission to counsel my child.

Parent's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Birth Date and Age: \_\_\_\_\_

Date: \_\_\_\_\_