



3200 Guasti Road, Suite 100 | Ontario, CA 91761

www.BuildingBridgesCC.com | (909) 303-0563

### Consent for Treatment of Minors

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Counselor \_\_\_\_\_

This is to certify that I give permission to Building Bridges Christian Counseling and the counselor listed above for treatment of my child.

This treatment may include individual or group psychotherapy, counseling, and testing. This treatment may include consultations with other Building Bridges Christian Counseling associates including psychologists, MFT interns, career counselors, and/or nutritionists.

California state law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will be reported to the appropriate agency.

This treatment may also include referral to other appropriate State and County agencies for further counseling.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Witness/Title

\_\_\_\_\_  
Street address  
code

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone number

Phone number