



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 Applied Biblical Counseling Consent to Counseling form, attached hereto and incorporated by reference herein.

I understand that all counseling provided my child will be based on biblical principles which may not be in accordance with modern psychological standards. By requesting counsel from ABC, 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 the Applied Biblical Counseling permission to counsel my child.

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

**Parent's Signature:** \_\_\_\_\_

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

**Child's Age:** \_\_\_\_\_

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

**Child's Age:** \_\_\_\_\_

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