

# Collaborative Marriage & Family Counseling

Mary Beth Harper, LMFT, LPC  
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314-265-9424  
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## Parental Consent for Minor Child Counseling

As parent of, \_\_\_\_\_, I give my permission for Mary Beth Harper to see my child for counseling. I understand that I will be able to confer and/or meet with Ms. Harper regarding concerns for my child and obtain information regarding my child's progress in therapy.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone:

\_\_\_\_\_