

Garlyn Lawrence, M.A. Registered Mental Health Counselor Intern
Jacksonville Counseling Services, LLC
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973-362-6318

Consent to Evaluate, Counsel and Conduct Therapy With a Minor

I, the undersigned, _____ do hereby give my consent and permission for Garlyn Lawrence, M.A. Registered Mental Health Counselor Intern to evaluate, counsel, and/or conduct therapy with the child or children listed below:

I further grant permission for Garlyn to share information concerning those listed above with the other professionals listed (pediatricians, specialists):

I also understand that strict confidentiality will be maintained with the exception of endangerment of life, welfare, or as otherwise provided by law.

I also certify that I am the parent, guardian, or managing conservator of those listed above and that I am legally empowered to give this consent.

Name (Please Print) _____

Signature _____ Date _____