



**CONSENT FOR PSYCHOLOGICAL SERVICES
FOR A MINOR**

Name of Parent/Guardian: _____

Name of Minor: _____ Date of Birth _____

I, _____, authorize Benedictine Academy's Guidance/Counseling Department to provide, at Benedictine Academy, the following services to the above indicated minor:

- Initial Survey and Evaluation
- Group Counseling
- Clinical Interview/ Individual Counseling
- I do not wish for my daughter to receive Counseling Services

Signature of Parent/Guardian

Relationship to Student

Date