



Parent/Legal Guardian Notification & Consent Form

Date: _____

To: _____

From: True Life Discipleship Counseling

Client Name: _____

DOB: _____

Date of First Session: _____

Dear: _____,

This letter is to inform you that your child is seeking discipleship counseling by True Life – Discipleship Counseling initiated by _____. The services may include individual discipleship counseling, and/or family discipleship counseling. In signing this letter, you acknowledge these services and do not object.

If you have any questions or concerns, please free to contact me at 410-459-3645.

Sincerely,

Ron Powell
Exec. Director

Discipleship Counselor

Parent/Legal Guardian Consent:

Signature

Printed Name

Date

Signature

Printed Name

Date