

TEXAS WESLEYAN UNIVERSITY COMMUNITY COUNSELING CENTER
REQUIREMENTS for PARENT/GUARDIAN/CONSERVATOR
CONSENT of MINOR(S)

In order to determine which parent/guardian/conservator has the right to seek counseling for a child, you will be asked to provide one or more of the following documents **before** counseling begins:

Court divorce with divorce papers

- Papers indicating I have **sole** custody and can seek counseling for the minor(s) OR
- Papers indicating I have **joint** custody and either parent can seek counseling for the minor(s) OR
- Papers indicating I have **joint** custody, stating **both parents must agree or be notified**. If possible, both parents must sign this form. If this is not possible because one of the parents is out of state or out of the country, a notarized statement indicating consent may be faxed to **817-531-4213**.

Separated Parents, but no court divorce or divorce papers

- Birth certificate of the minor listing one or both parents.
- Drivers license of the parent seeking counseling for the minor(s).
- If possible, a notarized statement by the distant parent giving consent (may be faxed to **817-531-4213**) (If unable to contact the distant parent, birth certificate of minor and driver's license of parent are required).

Parents living together

- If the minor is living with both parents together **in the same household**, either parent may consent.
- Drivers license of the parent seeking counseling for the minor(s).
- Birth certificate of the minor listing one or both parents.

A Non-parent – guardian/conservator (agent)

- Appointment of agent** or other form designating someone other than the biological parent who may give permission for medical, mental health/social services care, school enrollment, and travel in and out of Texas.

Texas Criminal Law allows a minor 17 years of age to enter counseling without parental consent if referred by the juvenile justice system for purposes related to the crime committed.

I give my parental/guardian/conservator consent to the Texas Wesleyan University Community Counseling Center and the student counselor to provide counseling for my child/children.

I give my parental/guardian/conservator consent to the Texas Wesleyan University Community Counseling Center and the student counselor to record the voice(s) and/or image(s) of my child/children (listed below) for educational and supervisory purposes only. I release the Texas Wesleyan University and the Texas Wesleyan University Community Counseling Center from any and all claims arising out of such taping and/or recording for supervision purposes only. I understand that I may revoke my parental/guardian/conservator consent at any time except to the extent that actions have been taken thereon. If not revoked, this consent will expire one year from ____/____/____.
(Date)

Child name _____

DOB _____

Printed Name and Relationship to Minor(s) – parent, guardian, conservator

Child name _____

(Signature)

DOB _____

Child name _____

(Date)

DOB _____