



**Bridge to Wellness Centers LLC
Consent for Treatment of a Minor**

Child's Name: _____ Date _____
Date of Birth _____

I/We _____ am/are the legal
custodial parents/guardian of _____ and give my/our permission to
Bridge to Wellness Centers, LLC to provide psychological care to my/our child (children). I/we
understand that the counseling sessions will be confidential and that no information or records will
be divulged to any person, including parents or legal guardian, without the prior consent of the
individual receiving counseling services and this counselor or pursuant to any laws of the state of
Virginia.

Parent/Legal Guardian 1: _____
Date: _____

and (both signatures required by law)

Parent/Legal Guardian 2: _____
Date: _____