

# TRUTH IN LOVE BIBLICAL COUNSELING CENTER

## MINOR CHILD INFORMATION FORM & PERMISSION TO COUNSEL

CHILD'S NAME \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_\_ ( ) MALE ( ) FEMALE SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_  
Last First Middle

MOTHER'S DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_  
Last First Middle

FATHER'S DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

THIS CHILD **primarily** LIVES WITH: (please mark) .....Mother & Father .....Mother only .....Father only .....Father & Other  
.....Mother & Stepfather .....Father & Stepmother .....Mother & Other .....50/50 custody  
.....Other Arrangement (Please identify) \_\_\_\_\_

ADDRESS AT WHICH CHILD RESIDES \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE at this address \_\_\_\_\_ BEST CONTACT # for guardian if other than parent \_\_\_\_\_

**IF CHILD LIVES IN THE SAME HOUSEHOLD WITH BOTH PARENTS OR IF CHILD LIVES WITH NEITHER PARENT, PLEASE SKIP TO \*\*\* BELOW, thank you.**

Otherwise, PLEASE RESPOND TO NUMBERS 1-4 WHERE APPLICABLE:

1. IN THE CASE OF 50/50 LIVING ARRANGEMENT, if you have entered the mother's information above, please enter the father's address and home phone number here, and then skip to \*\*\* below:

\_\_\_\_\_ FATHER'S ADDRESS HOME PHONE NUMBER

2. IF BIOLOGICAL PARENTS ARE NOT LIVING TOGETHER, WHO HAS PRIMARY CUSTODY? \_\_\_\_\_

3. IF CHILD PRIMARILY LIVES WITH MOTHER & STEPFATHER OR OTHER, please enter the stepfather's/other's name here:  
\_\_\_\_\_

4. IF CHILD PRIMARILY LIVES WITH FATHER & STEPMOTHER OR OTHER, please enter the stepmother's/other's name here:  
\_\_\_\_\_

\*\*\*PEDIATRICIAN'S OR FAMILY DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Last medical exam \_\_\_\_\_ Current medical condition \_\_\_\_\_

Present medications \_\_\_\_\_

Nature of problem for which you are seeking help (briefly describe) \_\_\_\_\_  
\_\_\_\_\_

Since we are unable to accept insurance, we ask for a donation of \$60.00 per session. If more can be afforded, that will help bless others. If it is not affordable, any donation is welcome and considered enough.

Any other information you think we should know before we begin: \_\_\_\_\_

\_\_\_\_\_  
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**CONSENT TO COUNSELING**

I understand and have been advised that TRUTH IN LOVE BIBLICAL COUNSELING CENTER is an auxiliary ministry of TRUTH IN LOVE FELLOWSHIP based in Vancouver, Washington, and that as such; the counselors are well trained yet have not pursued licensure with the State of Washington or any other state they may be ministering in. I have also been advised and understand that, although the laws of confidentiality do not apply in these circumstances, my and my child's privacy will be respected and maintained in keeping with sound Biblical practice.

By my signature below, I assert my consent for my child, whose name and information are contained herein, to receive counseling from the below named COUNSELOR. I understand that I may revoke this consent at any time. Further, I understand and agree that, unless said COUNSELOR deems it necessary and/or prudent, the content of the counseling session will not be shared with me or with anyone else, except as required by law.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian Name Printed

\_\_\_\_\_  
Contact email address

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Name Printed

\_\_\_\_\_  
Contact email address