



2243 Main Ave Suite 4 #20, Durango, CO 81301 970-422-7334

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### **Consent for Child to Receive Counseling Services**

As the legal guardian of \_\_\_\_\_, and possessing partial or  
(Print child's full name)  
full legal guardianship rights over this child, I hereby consent  
to \_\_\_\_\_ receiving counseling services from Jane Dally, LPC.  
(Print child's first name)

This consent applies whether I choose to participate in counseling services with Ms. Dally, or another counselor, or not. I may, at any time, revoke this consent by providing Ms. Dally with written notice of this revocation.

Know that Ms. Dally, as a Licensed Professional Counselor, follows National and State laws regarding confidentiality of information and records related to her counseling work with children and families.

Feel free to contact Ms. Dally at any time at [jane@durangofamilytherapy](mailto:jane@durangofamilytherapy) or (970) 422-7334.

Please sign and return this form to Ms. Dally. The completion of this consent form is required before Ms. Dally may begin work with your child.

\_\_\_\_\_  
Legal Guardian printed name

\_\_\_\_\_  
Legal Guardian signed name

\_\_\_\_\_  
Date