Diane M. Kohm, LMFT
Starlight Counseling
1066 Executive Parkway Drive, Suite 103
St. Louis, MO 63141
Phone: 314-550-6207
Email: diane@starlightcounseling.net

Parental Consent for Minor Child Counseling

As parent of, ____________________________________, I give my permission for Diane Kohm to see my child for counseling. I understand that I will be able to confer and/or meet with Ms. Kohm regarding concerns for my child and obtain information regarding my child's progress in therapy.

______________________________ ____________________________________
Name (Printed) Signature

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Date

Address:

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Phone:

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