

STATEMENT OF UNDERSTANDING
(Parental Consent Form)

I understand that the staff of Biblical Restoration Ministries, Inc. and those associated with them are not professional or licensed counselors, therapists, psychiatrists, medical or psychological practitioners.

I understand that the persons counseling my child are pastoral counselors in the Christian faith, who are helping my child assume his or her responsibilities in resolving his problems. I also understand that the counselor may need to intervene if he or she suspects my child (or other children under the age of 18) is currently endangered by abuse or if there is suspected dependent adult abuse or if my child is a danger to himself/herself or others.

I also understand that my child is free to discontinue this counseling at any time and is here voluntarily. I understand that we are under no financial obligation. I am also aware of my right to ask for clarification of any part of this statement of understanding.

(PLEASE PRINT)

Name of Child _____ Age _____ Date _____

Name _____ Date _____
(Parent or Guardian)

Address _____

City _____ State _____ Zip _____

Phone (H) (_____) _____ (W) (_____) _____

Signed _____