

**Champions Christian Counseling Center L.L.C.
333 South Cherry Street
Tomball, Texas 77375**

Date _____

CONSENT FOR SERVICES

I, _____, Consent to Treatment for
Patient, Legal Guardian,
behavioral and mental health services at Champions Christian Counseling Service,
L.L.C.

Please fill out the following information for clients under 18 years of age:

I am the legal guardian or parent of _____
Patient's Name
Who is seeking psychological/behavioral services, counseling or play therapy at
C.C.C.C., L.L.C. I consent to treatment for my child or children. I am either the
legal parent or legal guardian of the minor listed above.

I am/ am not currently involved in a child custody hearing for

Patient's Name

Patient/ Parent/ Legal Guardian