

Nurturing Life Concepts, LLC  
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Executive Officer  
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CONSENT FOR COUNSELING/COACHING/Pastoral Care for A MINOR

I, (we) \_\_\_\_\_ the undersigned parent(s) or legal guardian(s) of the herein identified minor(s):

\_\_\_\_\_ Age \_\_\_\_ (DOB) \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ (DOB) \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ (DOB) \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ (DOB) \_\_\_\_\_

I do hereby give my/our written consent for said minor(s) to be entered into parent coaching/counseling with Nurturing Life Concepts, LLC parent coaches, life coaches, pastoral care providers and mental health professionals It is understood that this consent is subject to revocation by the undersigned at any time except to the extent that action has already been taken on the consent.

Consent to begin coaching/counseling will commence on this date: \_\_\_\_\_

My signature below also verifies that I am a legal parent or guardian of the above identified minor(s) and has the legal right to consent for said minor(s) to receive services from NLC

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Signature of Parent or Guardian

Date

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Printed Name and address

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Signature of Parent or Guardian

Date

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Printed Name and address

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Witness

Date