

**ANNEMARIE K. LANGE, M.A.**  
LICENSED PROFESSIONAL COUNSELOR  
LIC. NO. PC006763

**PARENT CONSENT FORM**

THANK YOU FOR TRUSTING ME TO ASSIST YOU AND YOUR FAMILY WITH YOUR EMOTIONAL NEEDS AND CONCERNS. PLEASE TAKE THE TIME TO READ AND UNDERSTAND THIS DOCUMENT AND ASK ME ABOUT ANY PORTION WHICH MAY BE UNCLEAR.

Annemarie K. Lange, MA, LPC, will provide psychotherapy services to your child(ren) \_\_\_\_\_ & \_\_\_\_\_. The goal is to help your child(ren) be successful emotionally and socially. Individual, couple and family counseling is available to enhance your child(ren)'s success. I am requesting your involvement, and need permission to see your child.

This consent is valid until termination of the therapeutic relationship. You have the right to revoke consent at any time. Verbal or written notification will be accepted.

I understand the information stated in this form and give consent for my child(ren) \_\_\_\_\_ & \_\_\_\_\_ to receive counseling with Annemarie K. Lange, LPC at 610 Lancaster Ave Berwyn PA 19312.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date: \_\_\_\_\_

If child's parents are legally separated or divorced, please complete the following:

Legal Custody: Mother \_\_\_\_\_ %    Father \_\_\_\_\_ %

Physical Custody: Mother \_\_\_\_\_ %    Father \_\_\_\_\_ %