

**THE LIFEWORKS GROUP, P.A.**  
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**1208 W. Magnolia Ave, Suite 200 Ft. Worth, TX 76104**

**RELEASE FORM FOR CHILDREN AND ADOLESCENTS**

I, \_\_\_\_\_, legal Parent/Guardian for  
\_\_\_\_\_, give permission for him/her to be  
seen in counseling by \_\_\_\_\_ either  
individually or as a participant in a family therapy approach to treatment.

Please initial below indicating that you understand and are in compliance of the following statements:

\_\_\_\_\_ In the case of divorced and/or blended families, I will supply a copy of the final divorce decree with custody agreement and any other legal documents pertaining to child custody and visitation. This will also include the guardian's right to consent for the child's psychological/psychiatric care.

\_\_\_\_\_ I understand the necessity that both parents be involved in the therapeutic process if they are willing.

\_\_\_\_\_ I understand that it is not The LifeWorks Group's desire or practice to testify to the court opinions of who should or should not have custody of the child. We will, if necessary, provide a therapy update to the court regarding dates of attendance and progress in therapy.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*