



LAFAYETTE CHRISTIAN COUNSELING CENTER, LLC

[www.lafayettechristiancounseling.com](http://www.lafayettechristiancounseling.com)

**Sally S. Creed, LPC-S, RPT-S**

Licensed Professional Counselor – Supervisor  
Registered Play Therapist – Supervisor

**CONSENT TO TEST, COUNSEL AND CONDUCT THERAPY WITH A MINOR**

I, the undersigned, do hereby give my consent and permission for Sally S. Creed, LPC, to test, counsel, and/or conduct therapy with the child or children listed below:

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I further grant permission for Sally S. Creed to share information concerning those listed above with other professionals. I also understand that strict confidentiality will be maintained with the exception of endangerment of life, welfare, or as otherwise provided by law.

I also certify that I am the parent, guardian, or managing conservator of those listed above and that I am legally empowered to give this consent.

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Name (Please Print)

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Signature

Date