



309 W Clark Street, Champaign, IL 61820

Client ID: _____ Age of Minor: _____

Parent/Guardians of minors (under 18) are expected to remain in the building while the child is in a therapy session.

Exceptions can be made for children 12 and older, when discussed with the therapist and approved by management.

Please initial each applicable statement and sign below:

_____ I agree to be accessible by cell phone and be available to return to the building in no more than fifteen minutes if called.

_____ I understand that Elliott Counseling Group staff will call 911 on my behalf if any situation arises that causes the therapist or administrative staff to believe that the child might be a harm to himself or others, or if the child is injured.

_____ If my child is 12-15, I agree to accompany my child to the front desk, check the child in, wait until the therapist receives the child, and have specific verbal understanding with the therapist prior to leaving the building for each appointment.

_____ If my child is 12-15, I agree to return to the building no later than forty-five minutes after the original designated start time of the appointment.

_____ If my child is 16-17, I am allowing my child to arrive for their appointment unaccompanied, check themselves in at the front desk, wait in the lobby until the therapist is available for the scheduled appointment, and leave the building unaccompanied once the therapy session has ended.

_____ I understand that I am leaving my child/custodial ward temporarily in the care of Kevin Elliott Counseling and hereby release, waive, discharge, and covenant not to sue its trustees, officers, servants, agents, volunteers, and employees from and against any and all liabilities, demands, claims, or injuries, including the cost of transport or care deemed necessary in relation to any of the aforementioned or any other circumstances.



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_____ Date _____
Minor Signature

_____ Date _____
Parent/Guardian Signature

_____ Date _____
Office Manager or Clinical Director Signature