



LARAMIE COUNTY
COMMUNITY COLLEGE

Counseling and Campus Wellness

Pathfinder, Suite 207
1400 E. College Drive
Cheyenne, WY 82007
Phone: (307) 778.4397
Fax: (307) 778.1282

MINOR CONSENT FORM FOR COUNSELING

I _____ (Parent/Guardian) give my permission for my son/daughter
_____ (student's first and last name) who is under the age of 18 and has
the date of birth of ____/ ____/ _____ to receive mental health counseling at Laramie County Community
College with Counseling and Campus Wellness.

I understand that if my minor has a mental health emergency that requires more than routine treatment,
Counseling and Campus Wellness will contact me. Treatment will not be delayed if an emergency exists.

This consent will expire automatically upon your student's 18th birthday or one year from today's date based on
the date that first occurs. I understand that I may revoke this authorization in writing at any time.

Parent Signature

Date

Student Signature

Date

Witness

Date