BRIDGING THE GAP LIFE COACHING AND ADVOCACY

Parent/Guardian Consent & Authorization for Minor Coaching

“Be Seen. Be Heard. Become.”

Thank you for trusting Bridging The Gap Life Coaching and Advocacy to support your child. Our goal is to provide a safe, encouraging, judgment-free environment where young people can explore their thoughts, feelings, goals, confidence, communication skills, decision-making, advocacy, and personal growth.

This form provides parental/guardian consent for a minor to participate in coaching services.

1. Minor Information

Minor’s Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Relationship to Minor: _____

Phone: _____ Email: _____

2. Consent to Coaching

I, the undersigned parent/legal guardian, authorize my child to participate in coaching services provided by Bridging The Gap Life Coaching and Advocacy.

I understand that coaching is designed to encourage personal growth, self-awareness, confidence, communication, goal-setting, decision-making, advocacy, and development of healthy life skills.

I understand that coaching is not psychotherapy, counseling, medical treatment, psychiatric treatment, or crisis intervention.

3. Faith-Based Coaching & Prayer

Bridging The Gap Life Coaching and Advocacy incorporates a Christian, faith-based approach into coaching when appropriate and welcomed within the coaching relationship.

- Prayer may be incorporated into coaching sessions.
- The coach may pray with and/or for my child before and after each coaching session.
- Biblical principles, Scripture, faith-based encouragement, and Christian values may be incorporated into coaching.
- Faith may be discussed as part of personal growth, identity, purpose, confidence, decision-making, and navigating life’s challenges.
- Prayer and faith-based discussion are intended as spiritual encouragement and are not a substitute for medical, psychological, psychiatric, or other professional treatment.

By signing this form, I give permission for my child to participate in this faith-based coaching approach, including prayer before and after sessions.

Parent/Guardian Initials: _____

4. Confidentiality & Parent Communication

I understand that coaching conversations may be treated as private to help my child feel safe communicating openly. However, confidentiality with a minor has limitations.

- Safety concerns
- Threats of harm to self or others
- Suspected abuse, neglect, or exploitation
- Serious situations requiring adult intervention
- Emergencies
- Information that must be disclosed by applicable law

The coach may also provide general progress updates to the parent/guardian without disclosing every detail of private conversations. Whenever reasonably possible, the coach will encourage the minor to participate in conversations involving the parent/guardian.

5. Coaching Is Not Therapy or Medical Care

I understand that coaching does not diagnose, treat, or cure mental health conditions, medical conditions, behavioral disorders, or other clinical conditions.

The coach will not provide medical advice, mental health diagnoses, psychological treatment, medication recommendations, or emergency/crisis intervention. If the coach believes that a situation requires professional medical, mental health, or emergency intervention, the parent/guardian may be encouraged to seek appropriate professional assistance.

6. No Guarantees

I understand that coaching is a collaborative process and that no specific outcome or result is guaranteed. The coach provides guidance, encouragement, questions, resources, accountability, and support. The minor remains responsible for their own choices, actions, decisions, and progress.

7. Parent/Guardian Responsibility

I understand that it is my responsibility as the parent/legal guardian to provide appropriate supervision and to seek additional professional services when necessary. I understand that coaching should not be used as a replacement for appropriate medical, mental health, educational, legal, or emergency services.

8. Emergency Contact

Emergency Contact Name: _____

Relationship: _____

Phone: _____

9. Consent

- I am the parent or legal guardian of the minor named above.
- I authorize my child to participate in coaching services.
- I understand the faith-based nature of the coaching program.
- I give permission for prayer with and/or for my child before and after coaching sessions.
- I understand the limitations of confidentiality involving a minor.
- I understand that coaching is not therapy, medical care, or crisis intervention.

- I understand that no specific results or outcomes are guaranteed.
- I have had the opportunity to ask questions regarding the coaching process.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Minor’s Signature (if appropriate): _____ Date: _____

Coach Signature: _____ Date: _____