



CONSENT TO TREATMENT OF A MINOR

I, (print name) _____,

am the (circle one) MOTHER FATHER LEGAL GUARDIAN

of _____,

and I authorize _____ to provide psychotherapy to said minor.

I also agree to be legally responsible for any charges said minor may incur during therapy with _____ (initial here)

Signature of parent or guardian

Date: _____

Witness

Date: _____