



RESTORING PEACE
COUNSELING SERVICES

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:** _____