CONSENT TO TREAT A MINOR

By singing this document, I give consent for Dee Clark, LMFT, to treat in psychotherapy the following minor who is under my care and for whom I am legally responsible.

Name of minor _____

Name of parent(s) _____

_____

Name of Guardian(s) _____

Relationship to the minor _____

Date _____ Signature _____
Parent/Legal Guardian

_____
Parent/Legal Guardian