



## Parental Consent for Treatment of a Minor

I authorize \_\_\_\_\_ , a therapist, to provide therapy for the minor listed below:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_

Parent / Guardian's Name: (printed) \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

Date \_\_\_\_\_