



CONSENT TO TREAT A MINOR

Child's Name: _____ Birth Date: _____

Address: _____

I, the undersigned, (check the applicable statement)

- _____ One of the parents having legal custody
- _____ Both of the parents having legal custody
- _____ The only parent having legal custody
- _____ The person having legal custody

Of _____ a minor, do hereby authorize

_____, a counselor at Restore & Rebuild Counseling, to provide psychological treatment to said minor.

This authorization shall remain in effect until termination of therapeutic duty unless person having legal custody of said minor revokes the authorization in writing before that date.

Name of Parent(s)/Legal Guardian (print) _____ Date

Signature of Parent/Guardian _____ Date

Signature of Parent/Guardian _____ Date