

The Mind of Christ Counseling Center

Consent to Treatment of a Minor

I, (print name) _____,

am the (circle one) MOTHER FATHER LEGAL GUARDIAN

of (minor) _____,

and I authorize (therapist) _____

to provide psychotherapy to said minor.

I also agree to be legally responsible for any charges said minor may

incur during therapy with (therapist)_____.

Signature of Parent or Legal Guardian

Date:_____