

Parental Consent to Treat a Child

I, hereby, give consent for my child to be treated in individual and/or family therapy.

My child(ren)s names are:

1. _____
2. _____
3. _____
4. _____

I affirm that I am (choose one):

- the biological parents are married
- the sole legal custodian/guardian
- the joint legal custodian
- the non-custodial parent
- other: _____

(complete only if parents are not living together) I further give my permission for the therapist to seek the consent of the other parent for treatment.

The child(ren)'s other parent is:

Name: _____

Address: _____

If not, please state the reason: _____

Parent Giving Consent (Please Print): _____

Parent's Signature _____

Therapist's Signature _____ Date _____