

Consent for Treatment of Minor

Name of child _____

Age _____ Date of Birth _____

Mother _____ Father _____

If child does not live with both biological parents, where does other parent reside?

Address Phone

Parental Consent for Treatment of a Minor

I am seeking psychotherapy for my child from Suzanne R. Benko, LMFT consistent with the provision of State Law AB657.

I understand that my child may not receive these services without my written consent.

I hereby give my consent for _____ to receive psychotherapy from Suzanne R. Benko, LMFT.

Parent/Legal Guardian Date

Parent/Legal Guardian Date