

CONSENT TO TREAT MINORS

Name: _____ DOB: _____

I, _____ am the legal custodian of the above named minor.

Please print

Please check one:

I have full legal authority to consent to treatment of the minor without obtaining consent or approval of another person.

I have joint custody of the minor pursuant to a decree that requires both my consent and the consent of another person.

I hereby authorize Victoria Ziskin LMFT to provide counseling to my child in connection with the substance abuse, mental health, and/or other personal problems.

Please print

Signature

Witness

Date Signed

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