

522 E. Lake Mead Parkway, Suite 2 Henderson, NV 89015 702.900.5040

Consent to Treat a Minor

I/we, (Parents Name(s))	and		, are legal
I/we, (Parents Name(s))custodial parents/guardians	with decision-making _, a minor. I/we authorize .		
capacity as a MFT/CPC student or Authorization will terminated.	<u> </u>		
As legal custodial parent(s), I/we use minor child in therapy, except who believes in providing a minor child facilitate therapy. I/we therefore given the professional ethics and state a child is to be shared with me/us. The of minor child under the terms stated.	nere otherwise stated by law ld with a private environme ive permission to this therap and federal laws and rules, in his is my written consent to t	v. I/we also undent in which to pist to use his/hed deciding what i	erstand that this therapist disclose himself/herself to er discretion, in accordance nformation revealed by my
I/we understand that the role of and he/she will not be involved in a in any legal dispute between us, incl	any legal dispute between par	rents. I/we agree	
IF APPROPRIATE, PARENT WITH FOLLOWING:	H DECISION-MAKING RES	PONSIBILITY FI	LL OUT AND SIGN THE
I also authorizeto participate in treatment.	to sign any and all	l papers necessar	y for client's treatment and
I also authorize	to transport clien	t to and from sch	eduled appointments.
Both parents must consent for treacustodian (please attach provision).		is court ordered	or one parent is sole legal
Signature of Parent/Guardian		Date	
Signature of Parent/Guardian		Date	
Signature of Witness/Provider		Date	

Note: In some cases in which custody of the minor is at issue, parents/guardian may be requested to present a copy of the custodial order, which will become a part of this permanent file.