

Resolutions

Individual, Couple and Family Therapy

Consent for Minor/Dependent

Date: _____

This is to certify that I /We, _____, have legal custody or guardianship of the following minor/dependent and have the legal right to authorize care, treatment and council of this/these minor)/dependent:

Name of minor/dependent: _____ Date of Birth: _____

Name of minor/dependent: _____ Date of Birth: _____

Name of minor/dependent: _____ Date of Birth: _____

And give consent for him / her / them to receive individual and / or family therapy from the therapists at Resolutions Individual, Couple and Family Therapy.

Legal Custodial Parent / Guardian Signature

Date

Legal Custodial Parent / Guardian Signature

Date

Witness Signature

Date