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Minor Consent

This is to certify that I / we, _____, have legal custody or guardianship of the following child or children and have the legal right to authorize the care, treatment and counsel of this/these child(ren):

Name of Child:

Date of Birth:

I / we and give consent for him/her/them to receive individual and/or family therapy.

Legal Custodial Parent / Guardian Signature: _____

Date: _____

Legal Custodial Parent / Guardian Signature: _____

Date: _____

Therapist Signature: _____

Date: _____