

CONSENT TO TREAT MINOR

I, We _____, parent(s) or legal guardian(s)
(parent / guardian)

of _____, a minor, hereby consent to
(minor)

counseling services, of said minor at Lana L. Jones PhD LMFT & Associates by

(counselor name)

SIGNED: _____ PRINT NAME: _____

SIGNED: _____ PRINT NAME: _____

(please check your relationship below)

- _____ Mother
- _____ Father
- _____ Legal Guardian



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