

Institute of Advanced Studies

CONSENT TO TREAT A MINOR

I, _____, parent or legal guardian of
(Parent or Guardian Name)

_____, a minor, hereby consent to
(Minor's Name)

counseling services, including assessment and/or treatment of said minor by

_____.
(Counselor's Name)

(Parent/Guardian 1)

SIGNED: _____ DATE: _____

PRINT NAME: _____

RELATIONSHIP TO MINOR: _____

(Parent/Guardian 2)

SIGNED: _____ DATE: _____

PRINT NAME: _____

RELATIONSHIP TO MINOR: _____