

Consent for Treatment of Minor

The Mindbody Center for Counseling
2010 West 120th Avenue, Suite #203
Westminster, Colorado 80234

Child's Name: _____

Child's Date of Birth: _____

I/We _____

am/are the legal custodial parent(s) of _____

and give my/our permission to _____, to provide
counseling services to _____.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Therapist/Witness

Date