

CONSENT TO TREAT A MINOR

RE: _____

DOB: _____

(I) (We), the undersigned parent(s) or legal guardians of:

_____,

a minor, do hereby give (my) (our) consent for the provision of outpatient counseling services by Jay Jameson, L.M.F.T. This authorization shall remain in effect until revoked in writing by the undersigned.

Parent _____ Date _____

Parent _____ Date _____

Confidential Patient Information: See California Welfare and Institution Code Section 5328.