

Consent to Treatment of Minor Child

I, _____ parent/Legal guardian of
_____ hereby give consent for Laura
Adamgbo, MA, LPC, NCC to treat my minor child/children:
_____.

I am aware that this authorization to treat a minor expires when treatment has been terminated.

Parent or Legal Guardian Signature _____ **Date:** _____

Parent or Legal Guardian Signature _____ **Date:** _____

Therapist Signature _____ **Date:** _____