

Consent for Treatment of a Minor Child

I, _____, declare that I am a sole/joint legal
(Name of legal custodial parent)

custodial parent of _____ (D.O.B.: / /),
(Name of minor child)

a minor child. My signature below confirms my consent for my child to receive

psychotherapy services from David L. Terletzky, Psy.D. This consent may be

revoked in writing at any time, except to the extent that action has been taken in

reliance thereon.

Signature of legal custodial parent of minor child

Date signed