



Consent for the Treatment of a Minor

I, _____, hereby authorize Pamela Boaz, LCSW, to provide mental health services to _____.
(child's name)

I attest that I am the sole/joint (please circle one) legal guardian of the above stated child and am legally and financially responsible for the above stated child. In the case of joint custody, both legal guardians are required to sign this consent form before a minor child can be seen in therapy. **Legal documentation of the custody/guardianship agreement is needed at the time of signing this consent form and before the minor child is seen in therapy, if applicable.**

***I further understand that if legal parenting decision making rights change at any time my child is seen in therapy, it is my responsibility to notify the therapist within 7 days.**

Signature of parent or legal guardian

Date

Signature of parent or legal guardian (for joint custody)

Date

