

Maureen Kaye, MFT

MFC 44834

Consent for Treatment of Minors

Client name:

Date of Birth:

Therapist: Maureen Kaye, MFT

Intake Date:

This is to certify that I give my permission to the therapist listed above for treatment of my child. This treatment may include individual or group therapy, and testing.

This treatment may include consultations with other associates including Educational Psychologists, Career Counselors, or Nutritionists.

California State Law mandates the reporting of certain types of child abuse including physical abuse, sexual abuse, neglect, emotional and psychological abuse.

All actual or suspected acts of child abuse will need to be reported to the appropriate agency. This treatment may also include referral to other appropriate State and County agencies for further treatment.

Signature of Parent/Guardian

Date

Printed name of Parent /Guardian

Location: City and State

Witness/Title