



Teresa L. Wilcox, MS, LMFT
Licensed Marriage and Family Therapist
CA Lic# MFC43675

18811 Huntington Street, Suite 200, Huntington Beach, CA, 92648
Phone: 714-768-2400 Email: teressawilcox@me.com Web: teressawilcoxlmft.com

Consent to Treat a Minor

In order for minor children/adolescents to receive psychological services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Names and date of birth of child(ren) to receive psychological services:

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Name of person requesting services: _____

Today's Date: _____

Your relationship to child: Parent Step-Parent Guardian Grandparent

Other _____

Are you legal parent or custodian to above-named children? Yes No

I hereby swear that I have legal right to obtain treatment for the above-named children: Yes No

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above children.

Are you willing to do so? Yes No

If the answer to any of the above questions is "No," counseling services can not be provided to the above named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I, _____, consent to Teresa Wilcox, M.S., LMFT, in providing psychological services to the child(ren) named above. I acknowledge that both natural parents, even though divorced, may have a right to obtain from Teresa Wilcox, MS, LMFT information regarding the nature and course of treatment of the child(ren).

Parent or Guardian of Minor

Date