



Eastside Marriage and Family Therapy, LLC

CONSENT FOR TREATMENT FOR A JUVENILE

Any child that is seen in our office under the age of 18 years old must have the legal parent or guardian to sign consent for treatment. This form is to serve that purpose. If the client that is to begin treatment today is a child under the age of 18, please read through this form thoroughly and sign and date in the appropriate spot.

I, _____ (parent/guardian) give consent for treatment for _____ (child's name) to be seen for therapy at Eastside Marriage and Family Therapy, LLC Kristine Natterstad, MMFT, LMFT

I confirm that I have legal custody of this child and have the right to authorize treatment for this minor.

Client, Parent, Guardian _____ Date _____

Client, Parent, Guardian _____ Date _____

Witness _____ Date _____

In consideration of this consent, I hereby release the above parties from any legal liability for the above consent.