

Consent to Treat a Minor

Roya Dedeaux * Licensed Marriage and Family Therapist * LMFT#95302*

5212 Katella Ave. Suite 101 * Los Alamitos, CA 90720

I _____, parent or legal guardian of
_____, a minor, hereby consent to
counseling services, including assessment and/or treatment of said minor by Roya
Dedeaux, LMFT #95302.

Signed _____

Date _____

Print Name _____

Relationship to Minor _____

Signed _____

Date _____

Print Name _____

Relationship to Minor _____