

MARTHA CARR, Psy.D. LMFT

4001 W. Alameda Ave. #205

Burbank, CA 91505

Lic MFT #30697

CONSENT TO TREAT A MINOR

Legally it is my responsibility to obtain consent for treatment if the patient is a minor (under 18 years of age) from a parent or legal guardian. In the case of a divorce this form must be signed by the parent who has LEGAL custody (not necessarily physical custody) of the child or children. In the event that parents have JOINT LEGAL custody of the patient, only one signature is required unless otherwise indicated by court documents.

I, _____ do hereby give permission for

_____ age _____

_____ age _____

_____ age _____

a minor, or minors, to be in psychotherapeutic treatment with Martha Carr, MA MFT..

Print name _____

Signature _____ Date _____

Relationship to Patient (s) _____