



CONSENT TO TREAT MINOR

I, We (**named below**), parent(s) or legal guardian(s) of (**minor named below**), hereby consent to counseling services, of said minor by (**therapist named below**). I understand that children are entitled to a confidential relationship with their therapist, and I will respect that confidentiality.

Parent/Guardian

First Name	Last Name	First Name	Last Name
_____	_____	_____	_____

Minor

First Name	Middle Name / MI	Last Name
_____	_____	_____

Therapist

Signed

First Name	Last Name
_____	_____

Signed

First Name	Last Name
_____	_____

6/8/2018

(please check your relationship below)

- Mother
- Father
- Legal Guardian

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