CONSENT TO TREAT A MINOR

I verify that I, have (please

circle) Sole Legal / Joint Legal Custody (please circle) / or signed a Caregiver’s Affidavit

over (minor) , according to California

State Law and the custody papers attest to this. I thereby give Laura Mondragon,

Licensed Marriage and Family Therapist # 82979, permission to see my child for

treatment. I understand that I have the right to information and records in regards to my

child and will be informed of any dangerous or harmful things that might be affecting the

minor.

I understand my rights and privileges as the parent or guardian of this minor and have

signed this paper without duress.

Print Name of Parent:

Signature of Parent:

Today’s Date: