



...supporting the changes in your life

Nancy Missildine, Licensed MFT 42041
Le Tisdale, Licensed MFT 19817

Release and Consent to Treat a Minor

I give my permission to _____, Marriage & Family Therapist,
to have my child (child's name) _____
participate in counseling.

My child and I may expect confidentiality unless the case involves:

- Child, dependent adult or elder abuse;
- Danger of suicide;
- Violence towards another person where reporting to the proper authorities is legally mandated; or
- Court order.

Parent/Guardian Signature

Printed Name

Parent/Guardian Signature

Printed Name

Address: _____
Home Phone: _____
Work Phone: _____

City/Zip _____
Cell Phone: _____
Date: _____

Address: _____
Home Phone: _____
Work Phone: _____

City/Zip _____
Cell Phone: _____
Date: _____