



Healing Logos Christian Family Counseling, Inc.

CONSENT FOR TREATMENT OF MINORS

Child's Name _____

Date of Birth _____

Therapist Gloria Haywood, LMFT #104400

This is to certify that I/we give permission to Healing Logos Christian Counseling and the therapist listed above for treatment of my child. If there are any custody papers from the court involving the child named above, a copy of the custody papers and signatures from both parents are required prior to treatment.

This treatment may include individual or group psychotherapy, counseling, and testing. This treatment may include consultations with other Licensed Therapists.

California State Law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.

This treatment may also include referral to other appropriate State and County agencies for further counseling.

Signature of parent/Guardian / Date

Signature of parent Date

Printed name of parent/Guardian

Printed name of parent/Guardian

Street Address

City

State

Zip Code

() _____

Phone