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Parental Consent for Treatment of a Minor

I, \_\_\_\_\_ do hereby state that I am the legal guardian of the following child(ren):

Name:	Age:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Furthermore I hereby consent to the provision of therapy services to said child(ren) by Aaryn Easton, MFT, MFTC.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date