Lynne Moser, LCSW

Licensed Clinical Social Worker
917.605.1006

CONSENT FOR TREATMENT OF MINORS (UNDER 18)

Client's Name: ______________________________

Date of Birth: ______________________________

I/We are the Biological/Adoptive Parents of: ____________________

and give permission to Lynne Moser, LCSW, to provide counseling and psychotherapy services to my/our child/children.

____
Signature of Parent Date

____
Signature of Parent Date

The Atrium, 4 Terry Drive, Suite 11, Newtown, Pennsylvania 18940