

MINOR CONSENT FORM

Date _____

This is to certify that I/we, _____, have legal custody or guardianship of the following child or children:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I/We give consent for him/her/them to receive individual and/or family therapy from a Serenity Life Resource Center therapist.

Legal Custodial Parent/Guardian Signature

Date

Legal Custodial Parent/Guardian Signature

Date