**Consent to Treat a Minor**

The undersigned is the responsible parent or legal guardian and hereby authorizes Lisa Gulino, LMFT to provide therapy to the minor stated below. Also, the parent or legal guardian understands that while a therapy session is a 50 minute hour, some young children benefit from shorter sessions. In either case, the parent or legal guardian recognizes that the transportation to and from, and the supervision of children before and after session are the sole responsibility of the parent or guardian.

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Name of Minor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature Date