



Kimberly Warner-Getskow, LMFT

Licensed Marriage and Family Therapist

Valencia, California

CA License No. LMFT92540

(661) 367-1006

Kimgetskowlmft@gmail.com

Consent for Treatment of a Minor

I/We, the undersigned, parent(s) and/or legal guardian(s) of minor child, _____ herein referred to as "Patient", give Kimberly Warner-Getskow, herein referred to as "Therapist" full and unconditional authority to proceed with a clinical evaluation and treatment as judgment as a Therapist indicates. This consent is given by myself/us as parent(s) and/or legal guardian(s) of Patient. I/We have legal power to consent to medical, psychological, and mental health assessment and treatment of Patient. I/We agreed to produce legal documentation, if necessary, to prove such relationship with Patient, including but not limited to Birth Certification, Custody Agreement, and/or Divorce Decree. It is clearly understood that the Therapist is hereby fully released from any claims and/or demands that might arise, or be incident to the evaluation and/or treatment, provided that the therapeutic duties are performed with standard care and responsibility to the best of Therapist's professional ability.

Authorized Representative Name (please print)

Signature of Parent/Legal Guardian/Authorized representative

Date

Authorized Representative Name (please print)

Signature of Parent/Legal Guardian/Authorized representative

Date