

NEW DAY WOMEN'S CENTER
5575 Lake Park Way, Suite 106, La Mesa, CA 91942
(619) 713-1544

CONSENT TO TREAT A MINOR

Date: _____

Client: _____

I hereby give my permission for my son, daughter, or minor, for whom I am legal guardian,
who is named above, to receive psychotherapy from _____
at **New Day Women's Center**.

***Note:** In the case of parent separation or divorce, both parents must sign below *prior* to beginning therapy:

Name of responsible party: _____

Signature: _____

Relationship: _____ Date: _____

Name of responsible party: _____

Signature: _____

Relationship: _____ Date: _____