

New Day Women's Center
5575 Lake Park Way, Suite 106
La Mesa, CA 91942
(619) 713-1544

Consent To Treat A Minor

Client: _____ Date: _____

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.

Signature: _____

Relationship: _____