

**Counseling & Coaching
Center of Roseville**



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CONSENT FOR PSYCHOLOGICAL TREATMENT OF A MINOR

I, _____ hereby give my consent for psychological treatment including clinical interview, psychological testing if recommended, and psychotherapy as deemed necessary for my child,

I understand that I am encouraged to seek information from my child's therapist regarding procedures, techniques, and the general progress of therapy for my child, and my inquiries will be responded to promptly.

Date _____

Signed _____