

Consent for Minor

I, \_\_\_\_\_, with full disclosure, acknowledge that Lynda Harper is providing services to \_\_\_\_\_, my \_\_\_\_\_.  
(minor child's name) (relationship of minor)

I understand that I am allowed to request full access to the minor's chart and therapy notes.

I hereby give my consent for therapy to be provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date