



Consent to treat a minor

Name of the minor to be seen: _____

I agree to avail the above-named minor child of the counseling services of _____, a student intern working toward a Master's degree in Counseling from Reformed Theological Seminary (under supervision, as specified by law), and consent accordingly to his/her being seen in individual psychotherapy.

You may contact Jim Coffield, RTS Clinical Director at 407-278-8828, should you have any questions concerning your counselor's supervision.

Name of Parent/Guardian: _____
(Please print)

Signature: _____ Date: _____