

Claremont Counseling and Support Center  
www.claremontcounseling.com  
250 W. First Street, Suite 230  
Claremont, CA 91711  
909-624-1997  
909-624-4409 fax number

Consent for Treatment of Minors

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Counselor \_\_\_\_\_

This is to certify that I give permission to Claremont Counseling and Support Center and the counselor listed above for treatment of my child.

This treatment may include individual or group psychotherapy, counseling, and testing. This treatment may include consultations with other Claremont Counseling and Support Center Associates including Psychologists, MFT s, MFT Interns, Career Counselors or Nutritionists.

California State Law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.

This treatment may also include referral to other appropriate State and County agencies for further counseling.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Printed Name of Parent/Guardian                      Witness/Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number