



**209 S Miller Street  
Fort Valley, GA 31030**

**CONSENT TO TREATMENT OF A MINOR**

**I, (print name) \_\_\_\_\_,**

**am the (circle one) MOTHER FATHER LEGAL GUARDIAN**

**of \_\_\_\_\_,**

**and I authorize Elizabeth McQueen to provide psychotherapy to said minor.**

**I also agree to be legally responsible for any charges said minor may incur during  
therapy with Elizabeth McQueen \_\_\_\_\_ (initial here)**

\_\_\_\_\_  
**Signature of parent or guardian**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Witness**

**Date:** \_\_\_\_\_