

**Fair Way Counseling
1215 Military Rd., Ste 2
Benton, AR 72015**

CONSENT TO TREATMENT OF A MINOR

I, (print name) _____,

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

of _____,

and I authorize Katherine Woodworth, LPC, CRC to provide psychotherapy to said minor.

I also agree to be legally responsible for any charges said minor may incur during therapy with Katherine Woodworth, LPC, CRC _____ (initial here)

Signature of parent or guardian

Date: _____

Witness

Date: _____