

Harmony Heals, Inc



Consent to Treat a Minor

Date: _____

Child's Name: _____ Birth Date: _____

Address: _____

(I/We) the undersigned (parent/guardian) of the minor, for who the counseling is requested, do hereby consent to psychological and/or social services that may be rendered to said minor and (his/her) family by Harmony of Body, Mind & Spirit.

Signature of Father

Signature of Mother

Signature of Guardian

