

**Authorization and Consent for Treatment of a Minor  
Emergence, LLC  
Tami Anderson, M.S.**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (name) \_\_\_\_\_ (date of birth) give my consent for treatment with Tami Anderson, M.S. I impose no specific limitations or prohibitions regarding treatment other than those that follow:

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

I/We \_\_\_\_\_ am/are the legal custodial parent(s) of \_\_\_\_\_ and give my/our permission to \_\_\_\_\_, to provide counseling (name of therapist) services to my/our child (children). Forms will be considered original, binding and legal.

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Therapist/Witness \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_