



Minor Consent

This is to certify that I/we, _____, have legal custody or guardianship of the following child children and have the legal right to authorize the care, treatment and counsel of this/these child(ren):

| Name of Child | Date of Birth |
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and give consent for him/her/them to receive individual and/or family therapy from the therapist at The Zoe Center, LLC.

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|--|------|
| Legal Custodial Parent/ Guardian Signature | Date |
| Legal Custodial Parent/ Guardian Signature | Date |
| Therapist Signature | Date |
| Therapist Signature | Date |