



Release for the Treatment of a Minor

As the parent or legal guardian of _____
I authorize his/her evaluation and treatment. As parent or legal guardian, I
have the right to request information concerning the above minor's evaluation
and treatment. I understand that I have the right to revoke my consent for
treatment at any time. Such revocation must be received in writing by SoCal
Therapy Center to take effect.

Father's Signature _____ Date _____

Print Name _____

Mother's Signature _____ Date _____

Print Name _____

Witness _____ Date _____