Inge Dean LMFT mfc33666 Confidential Client Information

CONSENT FOR TREATMENT OF A MINOR

I give my consent for Inge Dean MFT mfc33666 to provious treatment for my minor child named below.	de psychological assessment and
NAME:	BIRTH DATE:
DRINT NAME OF DADENT/LECAL CALIDDIAN	
PRINT NAME OF PARENT/LEGAL GAURDIAN	
SIGNATURE	DATE: