

## Permission To Treat

I hereby grant my permission to \_\_\_\_\_ of  
(name of clinician)

Living Well Counseling Services, LLC to provide psychotherapeutic treatment to my  
**child/protectee.** (circle one)

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**Client name**

**Date of Birth**

I have been informed of this client's rights and understand that as the guardian of the child/protectee, I have the right to be informed and involved in the development of the treatment plan recommended for this individual.

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**Parent/Guardian Signature**

**Date**

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**Witness**

**Date**