

Chino Hills Counseling

www.chinohillscounseling.com

3833 Schaefer Ave Suite K

Chino, CA 91791

909-590-2260

909-624-4409 fax number

Consent for Treatment of Minors

Name _____

Date of Birth _____

Counselor _____

This is to certify that I give permission to Chino Hills Counseling and the counselor listed above for treatment of my child.

This treatment may include individual or group psychotherapy, counseling, and testing. This treatment may include consultations with other Claremont Counseling and Support Center Associates including Psychologists, MFT's, MFT Interns, Career Counselors or Nutritionists.

California State Law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.

This treatment may also include referral to other appropriate State and County agencies for further counseling.

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Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Witness/Title

Street Address

City

State

Zip Code

(____) _____
Phone Number