Susannah Perkins, LCSW

Consent to Treat A Minor

I, the undersigned parent/person having legal custody or guardianship/authorized care provider of ____ (the "minor"), do hereby authorize Susannah Perkins, LCSW, to provide behavioral health services to the Minor. Such services may include, but are not limited to psychological assessment and evaluation, psychological testing, and psychotherapy services.

I understand this authorization may be revoked, in writing, at any time. If not previously revoked, this authorization shall remain effective one year from the date of signature below.

____

Date

____

Signature of Parent/Guardian/Authorized Care Provider

____

Witness