

JEFFREY D. RISSER, L.C.S.W.

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Consent to Treat a Minor

The undersigned is the responsible parent or legal guardian and hereby authorizes **JEFFREY D. RISSER, L.C.S.W.**, to provide counseling to the minor stated below. Also, the parent or legal guardian understands that while a therapy session is a 50 minute hour, some young children benefit from shorter sessions. In either case, the parent or legal guardian recognizes that the transportation to and from, and the supervision of children before and after sessions are the sole responsibility of the parent or guardian.

Print Name of Minor

Date

Parent/Legal Guardian Signature

Date