Consent for Treatment of Minors

Provider:
Vicki Ray, MBA, MA, LPC
1970 Rawhide Drive, Suite 204
Round Rock, TX 78681
512-663-6368

If you are a minor under the age of 18, you need a parent or guardian's written permission to receive treatment from me.

Please have a parent/guardian sign below indicating their consent.

I, _____, am the parent/guardian of
(print parent/guardian name)
_____ and I consent that he/she may be treated as
(print client's name)
a client by Vicki Ray, MBA, MA, LPC.

_____ _____
Parent/Guardian Signature Date