



Consent for Treatment of a Minor

I hereby assert that I am the legal parent and/or legal guardian of _____, and authorize The Wellness Collective to provide evaluation and treatment with my permission. In conjunction with my rights as the legal guardian, I understand that I have the right to request information regarding all given treatment and assessment. At the same time, I am aware of the critical nature and need for confidentiality in the therapeutic relationship.

Parent Signature

Date