Diane Bauer, M.S., Registered Psychotherapist
4103 Boardwalk Drive, Suite 202
Fort Collins, CO 80525
(970) 829-8569

Consent for Treatment of a Minor

I, _____ of _____
(Parent/Guardian) (Address)

authorize Diane Bauer, M.S., PACT II, to meet with _____
(Child)

for the purpose of psychotherapeutic treatment. Furthermore, I certify that I have the legal

authority to give this permission.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Therapist Date