

JASON T. CERRO LPC, INC.

3175 Gold Star Highway

Unit 104, G3

Mystic, CT 06355

[help@jasoncerro.com](mailto:help@jasoncerro.com)

401-524-5938

Consent for Treatment of a Minor Child

Client: \_\_\_\_\_

DOB: \_\_\_\_\_

I, \_\_\_\_\_ hereby give consent allowing my child,  
(Parent/Guardian)

\_\_\_\_\_ to receive treatment from JASON T. CERRO LPC,  
INC. .

(Child's Name)

I attest that I am the parent or guardian of the above named child, have legal and/or physical custody, and can legally place my child in treatment.

\_\_\_\_\_  
(Printed Name Parent/Guardian)

\_\_\_\_\_  
(Signature Parent/Guardian)

Date \_\_\_\_\_

\_\_\_\_\_  
(Printed Name Witness JASON T. CERRO LPC, INC.)

\_\_\_\_\_  
(Signature Witness, JASON T. CERRO LPC, INC.)

Date \_\_\_\_\_