



Consent for Child Treatment

I am the parent/legal guardian of _____ (child name) with legal authority to consent to treatment. I give permission to Julia's Counseling and Play Therapy Group, PLLC to provide treatment to my child which may include assessment, diagnosis, advocacy, consultation, and mental health counseling. I authorize the release of any medical or other information necessary to process an insurance claim if I am using my insurance to pay for services.

Guardian Signature

Date