

JESSICA ANNE DEEB, LCSW, LLC

MINOR CONSENT TO TREATMENT

Minor's Name:

SS#:

I/We

am/are the legal custodial parent(s)/guardian(s) of _____
and give my/our permission to Jessica Anne Deeb, LCSW, LLC to provide behavioral
health services and counseling to my/our child.

Print Name

Signature of Parent

Date

Print Name

Signature of Parent

Date

Print Name

Signature of Counselor

Date