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CONSENT FOR TREATMENT OF CHILDREN AND ADOLESCENTS

I/we consent that _____ maybe treated as a client by Tonya Mestemaker, Psy.D. Our office requires that both parents agree to treatment of their child by signing this consent.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Witness: _____ Date: _____