



F. Michael Montgomery, LCSW, LMFT

1209 College Avenue • Santa Rosa, California 95404 • (707) 578-9385

E-mail: fmm@inner-healing.com • Web: www.inner-healing.com • Fax: (707) 578-9271

Therapy for the heart, mind, body and spirit in a safe and healing setting

Consent To Treat Minor

I/we, _____

(parent(s) / legal guardian(s) - please print)

give permission to: F. Michael Montgomery to provide psychotherapy for my/our child(ren) listed below:

Signature: _____ Relationship to child: _____ Date: _____
(parent / legal guardian)

Signature: _____ Relationship to child: _____ Date: _____
(parent / legal guardian)

Witness: _____ Date: _____
F. Michael Montgomery

This is effective for one year after date of signing unless stipulated below:

Effective date: _____ End date: _____