



F. Michael Montgomery, LCSW, LMFT

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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: _____