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Licensed Clinical Psychologist



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Consent for Treatment of Minors Under Age 15

This document should be completed by custodial parents and/or legal guardians of minors under the age of 15 years. In cases where a formal/legal custody agreement is in effect (i.e., divorce, separation, adoption, non-parental guardian, etc.), please bring copies of all documents related to the custody agreement with you to the initial appointment. In cases where two parties share joint legal custody (i.e., divorced/separated parents), both parties must indicate their consent by signing both this form and the form entitled, "Information, Disclosure, and Consent" before treatment can begin.

Child's Name: _____ DOB: _____

I/We _____

am/are the legal custodial parent(s)/guardian(s) of _____

and give my/our permission to Jennifer Ritchie-Goodline, Psy.D., to provide psychological services to my/our child.

Custodial Parent/Guardian Signature

Date

Custodial Parent/Guardian Printed Name

Date

Custodial Parent/Guardian Signature

Date

Custodial Parent/Guardian Printed Name

Date