

Erin Holt, M.Ed.
Licensed Professional Counselor
(469)-964-2297
1212 N. Center St., Bonham, TX 75418

CONSENT FOR TREATMENT OF A MINOR

We/I the undersigned _____,
parent(s) and/or guardian(s) of a minor child _____,
give Erin Holt, M.Ed., LPC, full and unconditional authority to proceed with a clinical evaluation
and treatment as her judgment indicates. This consent is given by me/us as parent(s) and/or
guardian(s) of said child. We/I have legal power to consent to medical, psychological, and mental
health assessment and treatment of said minor child. It is clearly understood that Erin Holt, LPC,
hereby fully released from any claims and demands that might arise, or be incident to the
evaluation and/or treatment, provided that her duties are performed with standard care and
responsibility to the best of her professional ability.

Signed this _____ day of _____, 20_____

Mother or Guardian _____

Father or Guardian _____

The above explained to: (circle all that apply) Mother/Father/Guardian

By _____ on the _____ day of _____, 20_____