



908 Vermont Avenue Lakewood, NJ 08701
Phone: 732-961-7363

Release for the Evaluation and Treatment of a Minor

As the parent or legal guardian of the minor child:

Name _____ Date of Birth _____

I authorize his/her evaluation and/or treatment by _____

I will participate in treatment sessions when recommended

Parent/Legal Guardian: _____ Date _____

Therapist: _____ Date _____