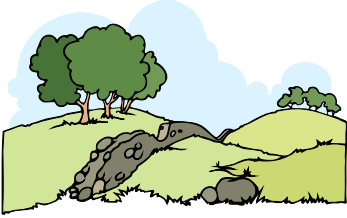


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Therapy for the heart, mind, body and spirit in a safe and healing setting



Consent To Treat Minor

I, _____
(the parent(s) / legal guardian - *please print*)

give permission to: F. Michael Montgomery, LCSW, MFT, BCD (therapist)

to provide psychotherapy for my child(ren) listed below:

It is without pressure or coercion that I sign this consent.

Signature: _____ Date: _____
(parent / legal guardian)

Signature: _____ 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: _____