

Consent for Services for a Minor Child

This form, when completed and signed by you, authorizes me to provide services for your minor child. Consent applies only to those services indicated below.

I authorize William Haxton, Ph.D. and/or Bethany Nowell-Haxton, Ph.D. (circle appropriate provider) to provide the following services for my child, \_\_\_\_\_ :  
(Name of child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Provide a description of the services you are authorizing.)

This authorization shall remain in effect until \_\_\_\_\_ or until \_\_\_\_\_.  
(Date) (Event that relates to the service)

You have the right to revoke this authorization at any time by sending such written notification to my office address or by notifying me verbally. However, your revocation will not be effective to the extent that I have already provided services based on the original authorization.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship