Kaitlin Jones, LMFT
2625 Redwing Road, Suite 175
Fort Collins, CO 80526
(970) 613-1315

Consent for Treatment of a Minor

I, _____ of _____
(Parent/Guardian) (Address)

authorize Kaitlin Jones, LMFT, to meet with _____
(Child)

for the purpose of psychotherapeutic treatment. Furthermore, I certify that I have the legal

authority to give this permission.

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Therapist Date