Dennis England Licensed Clinical Social Worker
4870 S. Lewis, Suite 125 Tulsa, OK 74105 cell 918.740.3454 fax 918.746.0573 DennisLCSW@att.net

CONSENT TO TREAT MINOR CHILD – PARENT/GUARDIAN AUTHORIZATION

Patient/Child Name:_____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Child Cell (if applicable): _____ Email (if applicable): _____

Date of Birth: _____

Parent/Guardian Complete the Following:

I grant Dennis England, LCSW, permission to provide counseling psychotherapy for my child.

Parent/Guardian (please print)_____

Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: H _____ W _____ Cell _____

Is there anything further you would like for me to know before I meet with your child?
Please include any additional details in the space below or on back: