

Shimmy Feintuch, LCSW CASAC-G

(530) 334-6882

shimmyfeintuch@gmail.com

Consent for Treatment of Children and Adolescents

I/We, the parent(s) or guardian(s) of _____ (minor), do hereby authorize and give my/our permission for said minor to be entered into counseling with Shimmy Feintuch, LCSW CASAC-G.

My/Our signature below also verifies that I/we are the legal parent(s) or guardian(s) of the above mentioned minor and have the legal right to consent for said minor to receive treatment from Shimmy Feintuch, LCSW CASAC-G.

Parent/Guardian Name (printed): _____

Telephone (the best number to reach you): _____ (Home/Cell)

Signature _____ **Date** _____
Parent/Guardian