



Stephen H. Hill, Ph.D., PLLC

Licensed Psychologist

hillpsychology.com

Consent for Treatment of Minors

Name of minor client

I am / we are the legal parent(s) of the above named minor and give my/our permission to Stephen H. Hill, Ph.D., PLLC to provide services to my/our child.

I am / we are aware that Stephen H. Hill, Ph.D., PLLC is not a crisis response center, nor does it provide 24 hour coverage. In the case of an emergency where my child needs help immediately, I/we agree to call our family doctor, go to the nearest hospital emergency room or call 911.

Parent Printed Name

Parent Printed Name

Parent Signature

Date

Parent Signature

Date