

## CONSENT FOR TREATMENT OF MINORS

Beckie Riggs, M.A., IMF #91994, PCCI #2760  
Supervised by Nicole Bessire-Taylor, M.A., LMFT #46572  
Licensed Marriage and Family Therapist  
216 N. Glendora Ave., Suite 210 Glendora, California 91741

Name of Minor \_\_\_\_\_

Date of Birth \_\_\_\_\_

This is to certify that I give permission for my child to be treated therapeutically by Beckie Riggs, M.A., IMF, PCCI under the supervision of Nicole Bessire-Taylor, M.A., LMFT. This treatment may include individual or group psychotherapy and counseling. This treatment may include consultations with other professionals for coordination of care.

***California State Law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will be reported to the appropriate agency.***

This treatment may also include referral to other appropriate State and County agencies for further counseling.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Witness/Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City  
(\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number