From the Counseling Office of

**Tracy W. Thomas, LPC**

**301 N. Alamo • Marshall, TX • 75670**

PERMISSION FOR EVALUATION AND TREATMENT OF A MINOR CHILD

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby, give Tracy W. Thomas, LPC, my permission to treat minor child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in regards to the parameters of his license as a Licensed Professional Counselor.

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for whom I am:

 ( ) Biological Parent

 ( ) Managing Conservator

 ( ) Legal Guardian

 ( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please explain relationship.

I have the legal documentation indicating my relationship to the minor child.

A copy is required for the clinical records. Copy provided: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ N/A

In addition, I also authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be my representative, to bring the minor child mentioned above, in case I am unable to be present, for the follow up session(s) with Tracy W. Thomas, LPC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Tracy W. Thomas, LPC Date