



Therapy for Inner Well-Being
and Interpersonal Success

Consent for Evaluation and/or Treatment of a Minor

I, the undersigned custodial parent, hereby consent to mental health evaluation and treatment for my minor child/children at InnerAction Therapy with Polly M. Ryan, MA, MFT. Further, I agree to participate in my child's/children's treatment and to remain on the premises to be available to the process as needed.

List minor children and ages:

Signature

Date

Relationship to child