

Elizabeth Warson, Ph.D., ATR-BC, LPC, NCC
Healing Pathways, LLC: Arts-Informed Counseling & Consultation
Licensed Professional Counselor, Level I EMDR Practitioner
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Consent to Treat a Minor

I, _____ of _____
Custodial Parent city/state

Hereby state that I am the legal guardian and custodial parent of the following child(ren):

Furthermore, I hereby consent to the provision of art therapy/counseling services to said child(ren) by Elizabeth Warson.

Dated this _____ day of _____, 201__.

Therapist

Custodial Parent