Sarah Fleming Creativity & Healing
Sarah Fleming, LCSW
Phone: 434.218.5326
Email: sarahfleming@hushmail.com

Treatment Permission for Child

Re: _____

Date: _____

It is the policy of Sarah Fleming Creativity & Healing to require the permission/signatures of both living custodial parents/legal guardians before treating children or adolescents. This requirement may be waived if the therapist determines such requirement to be clinically inadvisable and/or unnecessary.

I hereby give my permission to Sarah Fleming Creativity & Healing to provide to said child such diagnostic and treatment services as found indicated by the professional staff.

Signature: _____

Relationship to Child: _____

Address: _____

Phone: _____

Signature: _____

Relationship to Child: _____

Address: _____

Phone: _____