

**Family Therapy and Renewal Center, PLLC  
6717 S Yale Ave, Suite 202  
Tulsa, OK 74136**

**Consent to Treatment of Minor**

**I \_\_\_\_\_ hereby give consent Family Therapy and  
Renewal Center, PLLC and the staff and employees to treat**

\_\_\_\_\_

**as a client/patient as of this date, \_\_\_\_\_.**

\_\_\_\_\_  
**Signature of parent or guardian**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Witness**

**Date:** \_\_\_\_\_