NETWORKS inc.

149 Cherry Street
Burlington, VT 05401
802 863 2495 phone
802 865 0534 fax

# Consent for the Treatment of Minor(s) Under 18

Child's Name: ____________________________________________

Social Security or I.D.#: ____________________________________

I / We ____________________________________________________
(Names)

am / are the legal custodial parent(s) of ___________________________
(Child's Name)
and give my / our permission to Networks, Inc to provide mental health services to my / our child / children.

____________________________________ ________________
Signature of parent Date

____________________________________ ________________
Signature of parent Date

____________________________________ ________________
Witness Date