



**Nancy Lowrie & Associates, LLC
11565 Pearl Road, Suite 200
Strongsville, Ohio 44136**

CONSENT FOR TREATMENT OF A MINOR

I, _____ bearing relation of _____
(Parent/Guardian Name) (Parent/Legal Guardian)

to _____, do hereby grant permission to
(Minor's Name)

_____ who in an associate of Nancy Lowrie &
(Therapist Treating Minor)

Associates, LLC to render service or treatment necessary to the above mentioned patient. The service or treatment is to include care essential to the patient's condition. All treatment or any changes in treatment will be discussed with said parent/guardian.

Signed: _____

Relationship to Patient: _____

Date: _____

Witness to Signature: _____

Date: _____