



Consent to Treat Minor

I, _____, parent(s) or legal guardian of _____,
born _____, do hereby consent for my child to receive therapeutic counseling services while said child is
under the care of Grand Canyon University Office of Student Care.

Parent Signature	Date
Parent Signature	Date
Guardian Signature (Legal guardianship paperwork must be included)	Date

Notary Acknowledgment

State of _____

County of _____

This record was acknowledged before me on (date) _____ by name of
individual _____.

Signature of Notarial Officer

Title of Office

My commission expires: _____

Official stamp/seal here