

Great Lakes TTC

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Minor Consent Form

Patient Name: _____

Date of Birth: _____

I (circle one), Mother / Father / Guardian , understand that my (circle one) Son / Daughter is considered a minor and is under the care of Great Lakes TTC. Because (son/daughter name) _____ is a minor, I agree that a parent or guardian will sit in on each session with Great Lakes TTC. In signing this, I understand that without a parent or guardian present at each session, my child will not be seen for that day.

Patient Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date