

Lynne Logan Ph.D., L.M.F.T.



PARENTAL CONSENT FORM

Today's Date _____ Upper St Clair Office _____ Murrysville Office _____

SECTION #1:

Minor's Full Name _____ Gender _____ Age _____

Is the minor currently living the both parents? Yes _____ No _____

If YES, please skip to SECTION # 2. If NO, please answer the following:

Are parents separated? Yes _____ No _____ Date _____

Are parented divorced? Yes _____ No _____ Date _____

If divorced, who currently has physical custody? Mother _____ Father _____ Joint _____

If divorced, who currently has physical custody? Mother _____ Father _____ Joint _____

Are both parents of above minor informed that he/she is seeking counseling with Lynne Logan Ph.D?

Yes _____ No _____ If NO, please explain _____

Are both parents willing to sign for consent for minor to seek counseling? Yes _____ No _____

SECTION # 2:

I give consent for my minor child/teen _____

to seek counseling with Lynne Logan Ph. D., LMFT.

Signature of Father _____

Signature of Mother _____

Signature of Legal Guardian if other than parents _____

Today's Date _____