

# Anita Avedian, M.S., MFT

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## Release for the Evaluation and Treatment of a Minor

As parent or legal guardian of \_\_\_\_\_,  
I authorize his/her evaluation and treatment. As parent or legal guardian, I have the right  
to request information concerning the above minor's evaluation and treatment.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Guardian's Signature (if different than above) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_