

Mountain View Therapy

Jim Arjani, LMFT, Lic. #38139  
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I, \_\_\_\_\_, give consent for my child, \_\_\_\_\_,  
(Print Parent's Name) (Print Child's Name)

to receive psychotherapy from \_\_\_\_\_, Licensed Marriage and  
Family Therapist.

\_\_\_\_\_  
Parent's Signature          Date

\_\_\_\_\_  
Parent's Signature          Date

\_\_\_\_\_  
Therapist's Signature      Date