



Neurofeedback Clinic of Northern Colorado
4115 Boardwalk Drive, Ste 100
Fort Collins, CO 80525
P970-493-4580

Consent for Treatment of a Minor

I, _____ of _____ authorize
(Parent/Guardian) (Address)

Neurofeedback Clinic of Northern Colorado, to meet with my child:

_____ for the
(Child)

purpose of neurofeedback/psychotherapeutic treatment. Furthermore, I certify that I have the legal authority to give this permission.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Therapist

Date