



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