

Minnesota Psychological Resources

Pequot Professional Building
P.O. Box 413
105 Woodman Street
Pequot Lakes, MN 56472-0413
218-568-4500

Business office & Clinic:

Plymouth Court Office Building
12805 Highway 55, Suite 211
Plymouth, MN 55441
763-550-9005

Date: _____

To Whom It May Concern:

I, _____, grant permission to Minnesota Psychological Resources to provide mental health services to my child _____ DOB _____.

I have the right to be informed and involved in the treatment my child receives. That involvement will be coordinated with my child's therapist. Services could include but are not limited to: individual psychotherapy, play therapy, family therapy, psychological assessment, parent consultation, consultation with school personnel (with permission) etc.

Signature

Print Name

Date