Maria Schmid B.A. M.Ed R.Psych
Registered Psychologist
Suite 226 – 1111 Olympic Way S.E., Calgary, AB T2G 0E6
E. maria@mariaschmid.ca W. www.mariaschmid.ca
P. 403.801.4839

CONSENT FOR TREATMENT

I or We, ________________________________,_____________________________ consent to

Maria Schmid, Registered Psychologist providing psychological services to:

______________________________ (name of minor / dependent adult)	______________________________ (date of birth dd/mm/yyyy)
______________________________ (name of minor / dependent adult)	______________________________ (date of birth dd/mm/yyyy)
______________________________ (name of minor / dependent adult)	______________________________ (date of birth dd/mm/yyyy)
______________________________ (name of minor / dependent adult)	______________________________ (date of birth dd/mm/yyyy)

Please circle the appropriate marital situation (a,b,c,d or e):

a) Biological parents residing together.
(consent for treatment form can be signed by one biological parent)

b) Biological parents not residing together – sole custody agreement.
(consent for treatment form can be signed by parent with sole custody)

c) Biological parents not residing together – joint custody agreement.
(consent for treatment form must be signed by both biological parents)

d) Biological parents not residing together – no current custody or separation agreement in place. (consent for treatment form must be signed by both biological parents)

e) Other situation, please describe:

Contact Info:

Mother:_______________________ (name)	Father: ______________________ (name)
______________________ (primary phone number)	______________________ (primary phone number)

I confirm that the above is true and accurate:

______________________________ (signature of mother)	______________________________ (signature of father)
______________________________ (date dd/mm/yyyy)	______________________________ (date dd/mm/yyyy)
______________________________ (signature of witness)	______________________________ (signature of witness)
______________________________ (date dd/mm/yyyy)	______________________________ (date dd/mm/yyyy)