Ramona Taylor MA MFTI Marriage & Family Therapist Registered Intern
Inland Integrated Wellness Center.
817 West Grand Blvd. Corona, CA. 92882.
888-634-6999 x 16

Consent for Treatment of a Family or Child

Please read carefully

This is to certify that I give permission to The Inland Integrated Wellness Center (LLC) for my family or child's participation in therapy. The names of the family members in therapy are outlined below.

Name of Child: _____ Date of Birth: _____ Age: _____

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Name of Child: _____ Date of Birth: _____ Age: _____

Name of Child: _____ Date of Birth: _____ Age: _____

Name of Child: _____ Date of Birth: _____ Age: _____

Mother's /Legal Guardian's Name: _____ Date of Birth: _____ Age: _____

Father's/Legal Guardian's Name: _____ Date of Birth: _____ Age: _____

_____ _____
Parent/legal guardian Date

_____ _____
Parent/legal guardian Date