

***JOSHUA KATES, LCSW***

6 Minneakoning Rd.  
Flemington, NJ 08822  
908-872-8002

**AUTHORIZATION FOR THE TREATMENT OF MINORS**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby authorize Joshua Kates, LCSW to administer mental health treatment to the child listed above at 6 Minneakoning Rd., Flemington, NJ 08822.

Mental health treatment may include individual therapy, group therapy, family therapy or other treatment modalities as may be deemed appropriate, necessary, or advisable.

Date: \_\_\_\_\_

Name of Parent, Guardian, or Responsible Party: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Witness to Signature: \_\_\_\_\_