

ANTONE F. FEO, PH.D. & ASSOCIATES, INC.

24500 Center Ridge Road, Suite 120

Westlake, Ohio 44145-5602

(440) 899.1300 (440) 899.0266 (fax)

CONSENT TO TREAT MINORS

I, _____, as parent, or court appointed

guardian (circle one), give my permission to

_____ to treat my minor child

_____.

Signature of parent/guardian

Date