Lisa F. Ligammari, LCSW
315 Rt-34, Suite 106, Colts Neck, NJ 07722
80 Bridge Plaza Dr., Manalapan, NJ 07726
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Parent Consent Form

You can type directly into the shaded fields on a computer, or print this form and fill it in by hand. Please sign and date where indicated.

In a family divorce situation, we need to have both parents agree to the treatment of your child.

Name of Child/Children: _____ **Date of Birth:** _____

A therapist on staff will be providing psychotherapy to your child/children named above. The goal is to help your child/children be successful emotionally, socially, and academically.

Both parents are required to consent to this treatment. We would love both of your participation in this treatment, as needed, in order to partner with you in helping your child. This consent is valid until termination of the therapeutic relationship. Either of you has the right to revoke consent at any time. Verbal or written notification will be accepted.

I understand the information stated in this form and I give consent for my child/children named above to be seen at Lisa F. Ligammari, LCSW, LLC Counseling Services & Associates for psychotherapy services.

Parent 1

Parent's Name: _____ **Date:** _____

Parent's Signature: _____ **Relationship:** _____

Cell Phone: _____

OK to leave a message? ☐ Yes ☐ No

Home Address: _____

Email Address: _____

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Parent 2

Parent's Name: _____ **Date:** _____

Parent's Signature: _____ **Relationship:** _____

Cell Phone: _____

OK to leave a message? ☐ Yes ☐ No

Home Address: _____

Email Address: _____