

**Permission to Treat**

I/We understand that a variety of techniques will be used in our child's treatment. They may include: use of music, use of animals, nurturing holding by parents and therapists as needed, psychodrama, role play, psychoeducation, cognitive behavioral therapy, traditional therapy, use of pre-adoptive historical information, and family centered therapy. Parents are always included in treatment as the parent-child relationships are critical to the process of treating attachment difficulties.

I/We consent to participate in the therapy described above.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE