



INFORMED CONSENT FORM

I understand that my child is being asked to participate in a psychological treatment conducted by psychological professionals at The Center for LifeSpan Development, Inc. The Center is staffed by post-doctoral fellows, license-eligible psychologists, and licensed psychologists under the direct supervision of Samuel J. Moncata, Psy.D., licensed psychologist and Health Service Provider in the Commonwealth of Massachusetts.

I have been informed that I have the option to refuse to participate in this evaluation or withdraw from it, without prejudice, at any time.

I have read this form and understand fully the terms of my child's participation in the treatment. I agree to allow my child to participate in this therapy as described and freely give my consent.

Signature of Parent / Guardian Representative

Date

Printed Name

Relationship to Child

Signature of Client (Child)

Date