

Penn Psychological Associates, L.L.C.

545 Beckett Rd. #207
Logan Township, NJ 08085
856-467-1000

Counseling and Psychological Testing

Guy Woodruff, Ph.D.
Priscilla Bright, Ph.D.
David Wasser, Ph.D.
Alicia MacIntire, Psy.D.
Norman Schaffer, Ph.D.
Rebecca Whitten, Psy.D.
Rebecca Olejniczak, Psy.D.

Neuropsychology and School Psychology

Miriam Matz, Psy.D.

Date _____

I give my consent for _____ to treat my child
_____ in psychotherapy.

(Both parents signatures required by law.)

MOTHER (PRINT AND SIGN)

FATHER (PRINT AND SIGN)