

Dr. Roberta L. Marowitz, LMFT

COUNSELING & RELATIONSHIP INSTITUTE

237 Lookout Place, Maitland, FL 32751

Phone: (407) 865-3855

Minor Permission for Parent Coordination

Date: _____

Re: Agreement to see: _____

I agree to give permission for Dr. Roberta Marowitz to see _____
when she deems needed, to assist with planning and working through family issues related to the Parent
Coordination services for their parents, signed below.

Parents waive rights to content of information shared with Dr. Marowitz unless deemed as potential harm
to self, harm to others or child abuse.

Mother- Print and Sign

Date

Father- Print and Sign

Date