

**Glenn E. Cahn, PhD PLLC**  
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**[www.ILMpsychtesting.com](http://www.ILMpsychtesting.com)**

Consent for Treatment of a Minor

I, \_\_\_\_\_ (parent or guardian) give my permission for Glenn Cahn,  
PhD. to evaluate my child \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date