



Child's Name: _____

DOB: _____

Parental Consent/Permission Form
Pediatric Psychological Associates, PLLC

I authorize permission for my child to receive psychological services from Lilly Kramer, an advanced doctoral graduate student with a Masters in Clinical Psychology at Pediatric Psychological Associates. In compliance with state regulations, Lilly Kramer is currently being supervised by Kelly McGraw Browning, Psy.D., Licensed Clinical Psychologist. As such, Dr. Browning will have access to my child's pertinent records and information discussed in therapy sessions.

The purpose of this supervision is to enhance the professional development and to ensure quality services for my child.

If I should at any time desire to speak and/or meet with Dr. Browning, she may be reached at (502) 429-5431.

By signing below, I indicate that I understand and agree to the above condition.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date