

CONSENT FOR TREATMENT OF A MINOR

We/I, the undersigned _____

parent(s) and/or guardian(s) of a minor child _____ give you authority to proceed with a clinical evaluation and treatment as your judgment indicates is necessary and appropriate. This consent is given by me/us as parent(s) and/or guardian(s) of said child. We/I have legal power to consent to medical, psychological, and mental health assessment and treatment of said minor child. It is clearly understood that you are hereby fully released from any claims and demands that might arise, or be incident to the evaluation and/or treatment, provided that your duties are performed with the standard of care and ethical responsibility to the best of your professional ability.

Mother or Guardian

Date

Father or Guardian

Date

The above explained to: (circle all that apply) Mother / Father / Guardian

Witness

Date