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CONSENT FOR TREATMENT OF A MINOR

We/I, the undersigned _____, parent(s) and/or guardian(s) of a minor child, _____, give you full and unconditional authority to proceed with a clinical evaluation and treatment as your judgement indicates. We/I have legal power to consent to medical, psychological, psycho-educational, 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 or treatment, provided that your duties are performed with standard care and responsibility to the best of your professional ability.

Signed this _____ day of _____, 20_____.

Mother or Legal Guardian

Father or Legal Guardian

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

By: _____ on the _____ day of _____, 20_____.

Witness

Date

