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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 judgment indicates. 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 standard

care and responsibility to the best of your professional ability. We understand that much of what is said to the minor will be kept confidential in an effort to maintain trust. However, we understand that if the minor reveals something that puts him/herself in substantial danger, you will inform us.

Signed this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_, 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father or Guardian

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

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on the \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_, 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date