

Family & Children's Counseling Services Consent for Treatment of Minors

I, _____, hereby give my consent for
_____ (DOB: _____) to receive

Services including evaluation, assessment, referrals, psychiatric care, and/or counseling to be provided by Family & Children's Counseling Services.

I understand that I must remain in the main building at all times if my child is 14 years of age or younger.

Signature/Relationship to Child Date

Witness Signature Date

Optional – Additional Care-giver Named

I, _____, as legal guardian of the above named child am not able to participate consistently in treatment with this child. I therefore give permission for _____ as primary caregiver for the above named child, to sign future treatment related planning documents on my behalf. This consent does not include psychiatric medication treatment which requires my written consent and participation.

Signature/Relationship to Child Date

Witness Signature Date