

Consent to Treat a Minor  
(Parent with Decision Making Responsibility or Guardian)

Date: \_\_\_\_\_

To Whom It May Concern:

I \_\_\_\_\_ and/or \_\_\_\_\_  
(Parent/Guardian Printed Name) (Parent/Guardian Printed Name)

am/are the parent(s) ("Parent(s)") with medical decision making rights for,

\_\_\_\_\_, who is a minor ("Client").  
(Client's Printed Name)

Without limiting the generality of what therapy may involve, I understand that treatment could include, individual therapy, group therapy, family therapy, assessments, or a combination of more than one of these things.

This is my written consent for the mental health treatment of Client. I agree to cooperate fully with Client's treatment by providing Client transportation and payment for all scheduled sessions.

I also authorize; \_\_\_\_\_, \_\_\_\_\_  
(Print Name) (Relationship to Client)

to transport \_\_\_\_\_ to and from all sessions.  
(Client's Name)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date