



## CONSENT TO TREATMENT OF A MINOR

Name of a minor: \_\_\_\_\_

Age: \_\_\_ years, birth date: \_\_\_\_\_

I, \_\_\_\_\_, am the legal custodian of the above-named minor.

*Please check one.*

I have full legal authority to consent to treatment of a minor without obtaining consent or approval of another person.

I have joint custody of the minor pursuant to a decree that requires both my consent and the consent of another person.

I hereby authorize the Desert Counseling & Recovery Services, PLLC to provide counseling to the minor in connection with mental health and/ or other personal problems.

Parent or Legal Guardian: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

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

Witness: \_\_\_\_\_