

# Solara Psychological



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## Custodial Consent for Psychological Testing

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We are committed to ensuring the best care and support for your child. To comply with legal and ethical guidelines, we require documentation regarding the custody and consent arrangements for psychological testing. Please complete the following information and provide any necessary legal documents.

### Child's Information

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Parent/Guardian Information

Name of Parent/Guardian 1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Custody Information

Please provide details about the custody arrangement for the child. Attach a copy of the custody agreement or divorce decree if applicable.

Type of Custody Arrangement: \_\_\_\_\_

Is joint consent required for medical and psychological services? (Yes/No): \_\_\_\_\_

### Consent

I/We, the undersigned, certify that the information provided above is accurate and complete. I/We understand that both parents/guardians may need to provide consent for psychological testing. By signing below, I/we authorize the psychological testing of the above-named child and confirm that all necessary consents have been obtained.

Signature of Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_