**PARENTAL CONSENT FOR TREATMENT**

I/we, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

 (Name of custodial parent/ guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Name of other custodial parent/ guardian, if necessary – see below)consent to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Name of therapist)

providing counseling services to:

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

(Name of minor/dependent adult)

(Date of birth)

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

(Name of minor/dependent adult)

(Date of birth)

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

Name of minor/dependent adult)

(Date of birth)

 Please select the appropriate custodial arrangement that applies to your situation:

Check one □ Biological parents residing together - Consent for treatment form can be signed by one biological parent

 □ Biological parents not residing together – sole custody agreement- Consent for treatment form must be signed by the parent with sole custody. The non-custodial must be notified that the child is being seen for treatment.

 □ Biological parents not residing together – joint custody agreement - Consent for treatment form must be signed by both biological parents or noted by clinician that both biological parents were notified (date, time and response).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of Custodial Parent /guardian) (Date)

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

(Signature of Custodial Parent /guardian) (Date)