

Coastal Mental Health Center

Orange City
300 Treemont Dr.
Orange City, FL 32763

Daytona
801 Beville Rd
Suite 202
Daytona Beach, FL 32773

Orlando
1320 N Semoran Blvd
Ste. 107
Orlando, FL 32807

Kissimmee
829 E Oak St.
Ste. C
Kissimmee, FL 34744

Palm Bay
5200 Babcock St NE
Ste 105
Palm Bay FL 32905

Cocoa
840 N Cocoa Blvd
Ste E
Cocoa, FL 32922

Leesburg
120 East North Blvd
Leesburg, FL 34748

Sanford
520 W Lake Mary Blvd
Ste 214

Mental Health Treatment Authorization Form

Minor Child:

Full Legal Name: _____

Home Address: _____

Date of Birth: _____

Authorization & Consent of Parent(s) or Legal Guardian(s)

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I Biological Father/Mother of _____ give permission for my son/daughter to be evaluated at Coastal Mental Health Center.

I understand medication might be prescribed to my son/daughter and I agree (initials) ____ or disagree (initials) ____.

I grant my authorization and consent for _____, who is _____ to my child (Hereafter "Supervising Adult") to take my child/have my child seen at/to **Coastal Mental Health Center** for his/her appointments.

(Please note a parent/legal guardian/case worker must be present for the following appointments, medication changes, Re-evaluations, Re-assessments, Treatment Planning)

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power of the Supervising Adult in the exercise of his or her best judgement upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on the _____ day of (month) _____, 20____ and expiring on _____ **(Please note form is valid for 1 year and must be renewed yearly)**

Parent/Legal Guardian #1 Signature

Parent/Legal Guardian #2 Signature

Certificate of Acknowledgement of Notary Public

State of: _____

County of: _____

This document was acknowledged before me on _____ day of _____, 20_____

Signature of Notarial Officer _____

Notary Public for the State of _____

My commission expires: _____