

# Coastal Mental Health Center

**Orange City**

300 Treemont Drive  
Orange City, FL 32763

**Daytona**

801 Beville Rd Ste 202A  
South Daytona, FL 32119

**Orlando**

1320 N Semoran Blvd Ste 107  
Orlando, FL 32807

**Saint Cloud**

2900 17<sup>th</sup> Street Ste 3  
Saint Cloud, FL 34769

**Palm Bay**

5200 Babcock St NE Ste 105  
Palm Bay, FL 32905

**Rockledge**

1260 Rockledge Blvd Unit 202  
Rockledge, FL 32955

**Leesburg**

120 East North Blvd  
Leesburg, FL 34748

**Sanford**

520 W Lake Mary Blvd, Ste 204  
Sanford, FL 32773

## Mental Health Treatment Authorization Form

### Minor Child

Full legal name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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: \_\_\_\_\_