



Consent for Treatment of a Minor

I/We, the undersigned _____,
parent(s) and/or guardian of minor child _____, give you full
and unconditional authority to proceed with a clinical evaluation and treatment as your judgment
indicates. The consent is given by me/us as parent(s) and/or guardian(s) of said child. I/We have
legal power to consent to medical, psychological, and mental health assessment and treatment of
said minor child. It is clearly understood that you are hereby fully released from any claims and
demands that might arise, or be incident to the evaluation and/or treatment, provided that your
duties are performed with standard care and to the best of your professional ability.

Signature

Date

Relationship

Signature

Date

Relationship

Witness

Date