

CONSENT TO TREATMENT FOR A MINOR

I, _____, give my consent for (Custodial Parent/Legal Guardian)

(Minor Child)

_____, to receive counseling from

(Therapist)

I agree to abide with the laws of confidentiality and to respect the therapist/client relationship the therapist may develop with my child. I have been advised by the therapist as to the potential risks, as well as benefits, typically associated with the therapeutic process. I give my full consent and cooperation to this approach and agree to hold Lake Mead Wellness Center harmless, except regarding reasonable and customary care. I acknowledge that I have the legal authority to give consent for my child's medical treatment.

If you are not married to the child's other parent, you are either acknowledging that you have sole legal custody or joint legal custody and have the legal ability to consent for your child's medical treatment. It is your responsibility to assure that you follow the specifics to notify the other parent according to your legal papers.

 Printed Name of Minor Child

 Signature of Custodial Parent/Legal Guardian

 Printed Name of Custodial Parent/Legal Guardian

 Printed Name of Therapist

 Signature of Therapist

 Date

NOTE TO PARENTS:

In some cases in which custody of the minior child is at issue, the custodial parent may be asked to present a copy of the custodial order, which will become a part of this permanent file.