



## 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