

Consent To Treat A Minor

I, _____, give Amy L. Kopel, LLC, LCSW-C permission
Parent/Legal Guardian's name

to provide mental health treatment to _____.
(minor child's name and date of birth)

In cases when there is a separation and/or divorce: A second form must be completed and **THIS FORM MUST BE ACCOMPANIED BY A LEGAL PARENT AGREEMENT AND/OR CUSTODY PAPERS on the first visit.**

If you do not have any legal documentation, both parents need to sign/consent to treatment.

Please check one:

I am the parent with sole legal decision making power.

I share legal decision making power with _____.
Co-Parent's name and phone number

I do not have legal decision make power. **STOP:** Your child cannot be treated unless the parent who holds legal decision making rights gives permission.

On this date, **I have sole legal rights to make decisions** on behalf of my child and the other parent (check one) is aware is not aware that our child is in therapy. (If not, please explain to the counselor why).

On this date, the other parent **who I share legal decision making rights** with (check one):
 is aware is not aware that our child is in therapy. (If not, please explain to the counselor why).

Signature of parent/guardian

Date

Signature of parent/guardian

Date

Therapist's signature

Date