



CONSENT TO TREAT A MINOR

This form must be included in each minor client's file

In order for minor children to receive psychological services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Names and date of birth of child(ren) to receive psychological services:

CLIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
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CLIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Relationship to child(ren) of person requesting services:

Parent  Stepparent  Guardian  Grandparent  Other \_\_\_\_\_

Are you the legal parent or custodian to the above-named child(ren)?  Yes  No

If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you will be asked to provide a copy of the court order which names you the legal custodian of the above children. We must have the entire document and must be able to verify your right to consent independently to mental health care.

I have provided/will provide proof, by court documents, that I have the legal right to request counseling or psychotherapeutic treatment for the above minor.  Yes  No  N/A

*If the answer to any of the above questions is "No," counseling services cannot be provided to the above-named child(ren) until a copy of the court order naming you the legal custodian is provided to this office and/or a signed FYI Consent to Treat form is received from both parents.*

I acknowledge that:

- Both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).
- This treatment may also include referral to other appropriate State, Private, and/or County agencies for further counseling.

I (Parent/Guardian), hereby give my consent for \_\_\_\_\_ (Child(ren)'s Name) to receive counseling or psychotherapy by Family & Youth Institute, LLC.

These services may include: (Check all that apply)

Clinical Services  Psychological Testing  Counseling  
 Psychoeducation  Play Therapy  Other Services

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date