

Consent for Treatment of Minor/Child Assent Form

Consent for Treatment of Minor

This is an authorization for _____ (therapist name) to provide treatment and/or diagnostic services to my child/adolescent, _____ (name). By signing this Consent for Treatment, I certify that I legally have custody or joint custody of my son or daughter and, thus, can legally consent for treatment of my child.

Parent/Guardian Signature

Date

Child Assent Form

I understand that my parent or guardian may consent for my treatment; however, I have also been asked to give my assent for my own treatment. By signing below, I realize that the therapist listed above has elicited my own assent for treatment.

Child's name

Birth date

Sign your name here

Witness