

**CONSENT FOR TREATMENT OF A MINOR**

We/I, the undersigned parent(s) or guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give full and unconditional authority to proceed with a clinical evaluation and treatment. This consent is given by me/us as parent(s) and/or guardian(s) of the above referenced minor child. We/I have legal authority to consent to the medical, psychological, and mental health assessment and treatment of said child. It is clearly understood that NewStarts and its practitioners are hereby fully released from any claims and demands that might arise or be incident to evaluation and/or treatment, provided that duties are performed with standard care and responsibility to the best of professional ability.

For children with divorced parents: a copy of your divorce decree is required to be kept on file. It will be your responsibility to provide our office with any updates to said decree or custodial arrangements.

Signed this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_, 20\_\_

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* Mother
* Stepmother
* Guardian

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* Father
* Stepfather
* Guardian

FOR OFFICE USE:

\_\_\_\_\_ Divorce decree

\_\_\_\_\_ Parent consents

Date of decree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_