

PARENTAL CONSENT FOR TREATMENT

Client Name: _____ Record # _____

Date of Birth: _____ Medicaid # if applicable: _____

I, _____, authorize **Mimosa Christian Counseling Center** to provide the following treatment for my child named above.

- Initial Evaluation/Assessment
- Group Therapy
- Individual Therapy
- Family Therapy with client
- Family Therapy without client

I have been provided with the opportunity to ask any questions regarding this treatment and I have a good understanding of the nature and purpose of the treatment to be provided.

This authorization is fully understood and it is made voluntarily and with informed consent on my part.

(Parent/Guardian's signature)

(Date)

(Witness)

(Date)