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CONSENT FOR TREATMENT OF A MINOR

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

Signed this ___ day of _____, 20

Parent or Guardian

Parent or Guardian

The above explained to: (underline all that apply) Mother/Father/Guardia

By _____ on the ___ day of _____ 20 .

Witness

Date