



**CONSENT TO PROVIDE TREATMENT FOR MINOR**

(I)(We), the undersigned, parents(s)/person having legal custody/legal guardianship of \_\_\_\_\_, a minor, do hereby authorize  
(name of minor)  
\_\_\_\_\_ as agent(s) for the  
(name of agent)

undersigned to consent to any assessment and services, which is deemed advisable by our treating professional. It is understood that this authorization is given in advance of any specific therapy/services being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such therapies/services which provider of therapy services, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization shall remain effective until \_\_\_\_\_, 20\_\_\_\_\_  
(month and day of 18<sup>th</sup> year) (year)

Unless sooner revoked in writing delivered to the agent(s) noted above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/legal guardian/person having legal custody)

Signature: \_\_\_\_\_

**THE WELLNESS BUILDING**  
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