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Consent to Treatment of a Child

Name of child client:

The therapist named below and I have discussed my child's situation. I have been informed of the risks and benefits of several different treatment choices. The treatment chosen includes these actions and methods:

These actions and methods are for the purposes of:

Regarding custody please sign the appropriate statement that pertains to you as the parent:

_____ I have sole legal custody
_____ I have legal and physical custody
_____ I have joint legal custody

Please note that either parent, acting alone can consent to the treatment of his or her minor child(ren), unless the court included language to the contrary in a custody order. If this is the case both parents must consent to treatment before this therapist engages in therapy with the minor. Also, please provide a copy of the custody order before treatment to ensure that this therapist can move forward in treatment with the minor.

I have had the chance to discuss all of these issues, have had my questions answered, and believe I understand the treatment that is planned. Therefore, I agree to play an active role in this treatment as needed, and I give this therapist (or another professional, as he or she sees fit) permission to begin this treatment, as shown by my signature below.

Signature of parent/guardian Date

I, the therapist, have discussed the issues above with the child's parent or guardian. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the child's treatment.

Signature of therapist Date

Copy accepted by parent/guardian Copy kept by therapist