



Choose One

Child's name: _____

Parent/legal guardian's name: _____

I attest that I am (circle one) parent/guardian of the above-identified child and also attest that I have legal authority to make decisions regarding mental health treatment, including giving my consent for such treatment, without the consent of another parent or legal guardian.

Signature: _____

Date: _____

I attest that I am the (circle one) parent/legal guardian of the above identified child. However, the consent of another parent or legal guardian is also required by a divorce decree or child custody agreement.

Signature: _____

Date: _____

Name of other parent/guardian: _____

Contact information for other parent/guardian: _____