

# Mental Health Treatment Minor Consent Form

## Minor Information

Full Name

Date of Birth

Age

Address

## Parent/Guardian Information

Full Name

Relationship to Minor

Phone Number

## Consent

I hereby provide consent for the minor named above to receive mental health assessment, counseling, psychotherapy, or related services from the provider or facility below.

Provider/Facility Name

## Limitations/Conditions (if any)

## Additional Comments

# Signatures

Parent/Guardian Signature

Date

Minor Signature (if applicable)

Date