

# Parental Consent for Substance Abuse Treatment

## Minor's Information

Full Name

Date of Birth

Address

## Parent/Legal Guardian Information

Full Name

Relationship to Minor

Phone Number

Email Address

Address (if different)

## Treatment Provider Information

Facility/Provider Name

Address

Phone Number

# Consent

I hereby give my consent for the above-named minor to receive substance abuse treatment from the above treatment provider.

Parent/Guardian Signature

Date