

Adolescent Telehealth Parental Consent Form

Adolescent Information

Adolescent Name

Date of Birth

Parent / Legal Guardian Information

Name of Parent/Legal Guardian

Relationship to Adolescent

Contact Phone

Contact Email

Consent

I, the parent/legal guardian named above, give my consent for my adolescent to participate in telehealth services. I understand the nature and purpose of telehealth, as well as its potential risks and benefits.

Additional Comments

Signature

Parent/Guardian Signature

Date

Provider Information

Provider Name

Provider Contact