

Behavioral Health Department
Child and Adolescent Data Form

CONSENT TO TREAT A MINOR

Name of minor: _____

Age: _____ years, Date of Birth: _____/_____/_____

I, _____, am the legal custodian of above-named minor.
Please print

Please check one of the following options:

- I have full legal authority to consent to treatment of the minor without obtaining Consent or approval of another person.
- I have joint custody of the minor pursuant to the a decree that requires both my consent and the consent of another person.

I, _____, hereby; authorize the FOP EAP to provide counseling to the minor in connection with substance abuse, mental health and/or other personal problems.

Name of Parent or Legal Guardian

Date

Name of Witness

Date