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Consent for the Treatment of a Minor

Client (child) Name: _____ Date of Birth: _____

Please check below to indicate the current custody situation of the minor child:

_____ Biological parents are married to each other (one signature required).

_____ I am a single parent and have full legal custody of the child (one signature required and divorce/court custody papers are needed for ongoing therapy).

_____ My ex-partner/spouse and I share legal custody of the child (one signature is required, but both signatures are required if there is any custody litigation ongoing currently or at any time during therapy).

_____ The child is in the custody of the State of Minnesota, County _____
(Legal documentation is needed)

_____ I do not have legal custody of the child. My relationship to the child: _____
(Therapist must have signature from one legal guardian for therapy to begin and permission to bring this child in for therapy).

I understand that at least one parent must accompany the minor child to their first appointment and any subsequent appointments as deemed necessary by the therapist.

Parent/guardian signature

Date

Parent/guardian signature

Date