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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 and divorce/court custody papers are needed for ongoing therapy).

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

_____ I have legal custody but I am not the biological parent. (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. Legal documentation is needed).

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

Parent/guardian signature Date

Printed Name Relationship

Parent/guardian signature Date

Printed Name Relationship