Consent to Treatment of a Child

Name of child client: _____ Date of birth: ____/____/____

The therapist named below and I have discussed my child's situation. I have been informed of the risks and benefits of different treatment choices. The treatment chosen includes these actions and methods:

1. _____
2. _____
3. _____

These actions and methods are planned to move toward these goals:

1. _____
2. _____
3. _____

I have discussed these issues, had my questions answered, and believe that I understand the planned treatment and its likely consequences. Therefore, I agree to make sure my child attends therapy and to play an active role in this treatment as needed, and I give this therapist permission to begin this treatment, as shown by my signature below. I agree to pay for these services, regardless of any other resources that might be available.

I am this child's ❑ Parent ❑ Legal guardian ❑ Other: _____ and have the legal authority to make medical and treatment decisions on behalf of this child.

_____ ____/____/____

_____ ____/____/____

Signature(s) of parent(s)/guardian(s)/other Date

I, the therapist, have discussed the issues above with this child's responsible party. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give fully informed and willing consent to the child's treatment.

_____ ____/____/____

Signature of therapist Date

❑ Copy accepted by parent/guardian/other or ❑ Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

FORM 5.6. Form for generic consent to treatment of a child. From *The Paper Office for the Digital Age, Fifth Edition.*