

## **Child and Adolescent Psychology Professionals**

### **Consent for Accompanying Adult Limited Consent for Treatment of Minors —Unaccompanied By A Parent/Guardian**

Client name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

#### **Consent for Accompanying Adult**

I grant permission for the person(s) listed below to accompany my child to his/her appointment(s). The content of treatment sessions, treatment progress or decision making, or any sensitive therapy information will not be disclosed to this individual unless written consent is provided.

Name	Relationship to Child/Children
_____	_____
_____	_____
_____	_____

I certify that this request has been made voluntarily and that the given information above is accurate to the best of my knowledge. I further declare that I am the legal guardian of the child listed above, and I have the legal authority to grant the above permission. I understand that I have the right to revoke this consent, in writing, at any time.

_____	_____	_____	_____
Signature of legal guardian	Date	Signature of legal guardian	Date

#### **Limited Consent for Treatment of Minors (Age 16+) —Unaccompanied By A Parent/Guardian**

In the event that a parent or legal guardian is unable to accompany his or her minor child (age 16+) to his or her appointment, consent must be provided for treatment or assessment.

I consent to the care and treatment for my child (age 16+) related to his or her assessment or therapy appointment. In the event of an urgent matter (e. g. threat of harm to self or others) or other circumstances that the child (age 16+) is perceived to be impaired or in need of additional medical, mental health, or legal assistance, all efforts will be made to contact the parent or legal guardian. If the parent cannot be reached, action will be taken in the best interest of the child and can include but may not be limited to calling mobile crisis services, 911, Child Protective Services, and/or the police.

I certify that this request has been made voluntarily and that the given information above is accurate to the best of my knowledge. I further declare that I am the legal guardian of the child listed above and I have the legal authority to grant the above permission. I understand that I have the right to revoke this consent, in writing, at any time.

_____	_____	_____	_____
Signature of legal guardian	Date	Signature of legal guardian	Date