



Parental Consent for Treatment

I, _____, consent to Creating Solutions to provide psychological counseling services to:
(name of custodial parent)

(name of minor/dependent)

(Date of Birth)

(name of minor/dependent)

(Date of Birth)

(name of minor/dependent)

(Date of Birth)

Please circle the appropriate marital situation (A, B, C, or D):

- A) Biological parents reside together.
(consent for treatment form can be signed by one biological parent)
- B) Biological parents not residing together – sole custody agreement.
(consent for treatment form **must** be signed by parent with sole custody)
- C) Biological parents not residing together – joint custody agreement.
(consent for treatment form **must** be signed by both biological parents)
- D) Biological parents not residing together – no current custody/separation agreement in place.
(consent for treatment form **must** be signed by both biological parents)

(signature of custodial parent/guardian)

(Date)

(signature of custodial parent/guardian)

(Date)

(signature of witness)

(Date)

Contact Information:

Mother: _____(tel)

Father: _____(tel)

_____(email)

_____(email)