

CONCERN[®] SERVICES

CONSENT TO TREAT A MINOR

I, _____, custodial parent/legal guardian of
_____, age _____, authorize CONCERN to
assess and treat my child in an outpatient counseling setting.

I agree to take part in the counseling process as needed, and understand
the format of counseling may include any combination of the following:
individual sessions with minor child, family sessions, and sessions with
the parent(s)/guardian(s).

Parent/Guardian Signature _____ Date _____

Relationship _____

Witness _____ Date _____