

Smithson Valley Counseling Center Inc.

Consent for Treatment of Minor Child(ren)

We/I, the undersigned parent(s) and /or guardian(s) of minor child(ren) _____

give you full and unconditional authority to proceed with a clinical evaluation and treatment as your judgement indicates. This consent is given by me/us as conservator(s)/parent(s) of said child. We/I have legal power to consent to medical, psychological, and mental health assessment and treatment of said minor child. It is clearly understood that you are hereby fully released from any claims and demands that might arise, or be incident to the evaluation and/or treatment, provided that your duties are performed with standard care and responsibility to the best of your professional ability.

In the case of a child of divorced parents (or situations in which never-married parents OR guardians have custody/conservator orders in place), Smithson Valley Counseling Center Inc. MUST (by Texas law) have the pages of the court orders related to these rights specifying who can obtain medical and counseling services on file. Please bring copies of said orders to the first appointment for the minor child(ren).

Signed this _____ day of _____, 20____

Signature of Mother or Guardian / Conservator

Printed Name

Signature of Father or Guardian / Conservator

Printed Name

Where Applicable:

_____ Copy of Orders Received _____ Date Received

Signature / Name - SVCC Staff