

Consent for Mental Health Treatment of Minors

I, _____, do hereby authorize that my child,
(parent/legal guardian name)

_____, may receive mental health treatment
(child's name)

provided by Carolyn Karoll, LCSW-C, CEDS-S.

I am aware that all custodial parents and legal guardians must give consent before treatment begins. If parents are currently separated or divorced, both parents would be required to sign a Consent for Mental Health Treatment Form before the child can be treated. If one parent has full legal custody, a copy of the divorce agreement would need to be faxed to 410-630-3744 prior to beginning treatment for your child.

Print Name

Date

Parent/Legal Guardian Signature

Date