

**HERITAGE BEHAVIORAL HEALTH CENTER
2485 E. Southlake Blvd. Ste. 180
Southlake, Texas 76092
817-488-9697**

CONSENT FOR TREATMENT OF A MINOR

We/I, the undersigned _____ parent(s), and/or guardian(s) of a minor child _____, give you full and unconditional authority to proceed with a clinical evaluation and treatment as your judgment indicates. This consent is given by me/us as parent(s), and/or guardian(s) of said child. We/I, have the 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 which 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.

Signed this _____ day of _____ A.D., 20____

Mother or Guardian

Father or Guardian

The above explained to _____
by _____ on the _____ day of _____, 20____.

Witness