Hanover Counseling Associates, PLLC
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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 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.

Signed this ____day of _____, 20__

_____
Mother or Guardian

_____
Father or Guardian

The above explained to: (circle all that apply) Mother / Father / Guardian

By _____on the ____day of _____, 20__

_____
Witness

_____
Date

_____
Client (If Applicable - +14 Years Old)

_____ _____
Witness Date