

# CONCERN™ SERVICES

## CONSENT TO TREAT 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 \_\_\_\_\_