



"It's okay to not be okay."

Authorization for Treatment of Minors

If a minor needs psychiatric treatment, written consent must be given by the minor's parent/legal guardian. This document allows you to appoint relatives, caregivers, or other individuals over the age of 18 permission to consent to psychiatric treatment of the minor. This document also provides iMind Mental Health and Wellness with consent to treat the minor

All persons must present a photo ID or other valid form of identification at the time of treatment.

Full Name of Minor: _____ DOB: _____

Parent/Guardian: _____ Relationship: _____

Please list any person(s) who have permission to consent to psychiatric treatment for the above minor.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I, _____, (parent, guardian) hereby authorize the above person(s) with permission to consent to psychiatric treatment for _____ (minor).

Signature of Parent/Guardian Date

Please list any person(s) who DO NOT have permission to authorize treatment or receive treatment information.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Parent/Guardian Date