

PARENT/GUARDIAN CONSENT FOR TREATMENT

SamaraCare’s policy requires the consent of both parents or guardians of minor children prior to provide services to these children. We recognize and support the vital role parents/guardians play in the lives of their children, as well as the important role that parents/guardians play in the ultimate success of their counseling.

In respect of this policy, parents/guardians of children in treatment acknowledge their consent by signing the statement below. If you have any questions about this policy, please discuss these with your counselor.

Name(s) of all children receiving services:

PARENT/GUARDIAN 1:

I _____ am in agreement with and will provide support for my child receiving services at SamaraCare.

Signature

Date

PARENT/GUARDIAN 2:

I _____ am in agreement with and will provide support for my child receiving services at SamaraCare.

Signature

Date

TO BE COMPLETED BY COUNSELOR:

PARENT/GUARDIAN 1:

- Signed above.
- Refused to sign.
- Was not available.

PARENT/GUARDIAN 2:

- Signed above.
- Refused to sign.
- Was not available.

Comments: _____

Counselor Signature

Date

A copy of this form is available upon request