



**FAMILY SERVICE AND GUIDANCE CENTER, INC  
CHILD CONSENT TO TREATMENT**

(Must be signed by custodial parent or legal guardian)

Family Service and Guidance Center requires written consent for treatment prior to providing services to your child. We also ask that the child sign the form if possible. This *is not* a contract for treatment. We will assess your child during an intake session and then determine what services may be needed. You may withdraw this consent to treatment at any time and ask that your child's file be closed. You should also know that this is not an agreement by Family Service and Guidance Center to provide services to your child. You may wish to talk with your therapist about your consent to treatment during intake session. He or she will answer your questions.

I have read the above statement or had it explained to me and my questions have been answered. I agree to allow this child to receive services from Family Service and Guidance Center if they are offered.

I am the Legal Guardian / Custodial Parent of (please print) \_\_\_\_\_,  
Who is under age 18, and I hereby give my permission for him / her to receive treatment at Family Service and Guidance Center.

\_\_\_\_\_ I share joint custody of this child with:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

\_\_\_\_\_ I have sole custody of this child.

\_\_\_\_\_  
Client Age

\_\_\_\_\_  
Parent or Guardian / Client (if 14 years or older) Date