



ARBOR PSYCHIATRIC AND WELLNESS CENTER

AUTHORIZATION FOR EVALUATION AND/OR TREATMENT OF A MINOR CHILD UNACCOMPANIED BY PARENT OR LEGAL GUARDIAN

A parent or legal guardian must accompany a child younger than 19 years of age to consent for all medical and/or psychotherapy treatment given by contracted providers at Arbor Psychiatric and Wellness Center.

Please complete this form if your child will be coming for a psychiatric or psychotherapy visit, without a parent or legal guardian.

**It is required that parent(s) or legal guardian attend the intake appointment with any new provider.

MINOR PATIENT INFORMATION:

First Name: _____ Last Name: _____ DOB: ____ - ____ - ____

Mailing Address: _____

City, State, Zip: _____

Phone (in case of emergencies): _____

I authorize and give consent for my child, listed above, to go independently to appointments and consent to all psychiatric and psychotherapy treatments without the presence of a parent or legal guardian.

I understand that this written consent is valid until the patient turns 19. This consent may be revoked by me at any time in writing.

I understand that I am still financially responsible for all medical expenses incurred by my child during these appointments.

Print Guardian Name: _____

Signature of Guardian: _____ Date: _____