

**Holloway Therapy Solutions**  
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**CONSENT FOR TREATMENT OF A MINOR**

We/I, the undersigned \_\_\_\_\_, parent(s) and/or guardian(s) of a minor child or children (Please list all of your minor children who are involved in therapy)\_\_\_\_\_

\_\_\_\_\_, give you full and unconditional authority to proceed with a clinical evaluation and treatment as your judgment indicates. This consent is given by me/us as parent(s) and/or guardian(s) of said child(ren). We/I have legal power to consent to medical, psychological, and mental health assessment and treatment of said minor child(ren). It is clearly understood that you are hereby fully released from any claims and demands that might arise, or be incident to the evaluation and/or treatment, provided that your duties are performed with standard care and responsibility to the best of your professional ability.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Mother or Guardian

\_\_\_\_\_  
Father or Guardian

The above explained to: (circle all that apply) Mother / Father / Guardian

By \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date