CONSENT FOR THE MENTAL HEALTH TREATMENT OF A MINOR CHILD

Child's Name: _____ _____ _____

Last First Middle

Date of Birth: _____

Month / Day / Year

As the parent or legal guardian with the authority to consent on behalf of the minor child named above, I hereby give my consent for the minor to seek counseling as deemed advisable and/or necessary by Melissa Houser of Sparkle Counseling, LLC. The mental health provider, Melissa Houser, responsible for the care has explained to me the proposed treatment modality and plan, the general nature and extent of the risks involved in the treatment, and alternative treatment options, if any. This consent will be valid until the minor reaches the age of 18, but can be revoked at any time by written notification. Any questions relating to this form or the proposed treatment can be directed to Melissa Houser with Sparkle Counseling, LLC at 303-725-1843.

_____ _____ _____

Print Name of Parent/Guardian Signature of Parent/Guardian Date

Address of Parent/Guardian:_____

City:_____ State:_____ Zip:_____

Phone # of Parent/Guardian:_____