



# Strength of Mind

BEHAVIORAL HEALTH

[www.StrengthOfMind.com](http://www.StrengthOfMind.com)

## Parental Consent Form

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I, \_\_\_\_\_ (Parent's name) consent to my child(ren):

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

receiving behavioral health treatment services at Strength of Mind Behavioral Health. My/our current custody status is:

Shared Custody (undergoing separation/divorce, no official custody agreement yet)

Shared Custody (parents not living together, official shared custody agreement)

Shared Custody (verbal custody agreement only, co-parenting, without legal documentation)

Other: \_\_\_\_\_

### Parent complete the following:

Yes, I give permission for the staff at Strength of Mind Behavioral Health (Medical and Mental Health Professionals) to perform a diagnostic evaluation, provide therapeutic treatment, or provide medication management services as deemed necessary for my son/daughter.

No, I do not give permission for the staff at Strength of Mind Behavioral Health (Medical and Mental Health professionals) to perform a diagnostic evaluation, provide therapeutic treatment, or provide medication management services as deemed necessary for my son/daughter.

I certify by my signature that I understand the nature of this consent and voluntarily agree to its provisions. I understand that I can withdraw my permission in writing at any time.

Parent name(print): \_\_\_\_\_ Date \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Address: \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_