D. GAMBLES & ASSOCIATES, PLLC

PSYCHOLOGICAL CONSULTANTS

Consent to Treatment of a Child

Name of child client:

The therapist named below and I have discussed my child's situation. I have been informed of the risks and benefits of several different treatment choices. The treatment chosen includes these actions and methods:

_____

_____

_____

_____

_____

_____

_____

_____

_____

These actions and methods are for the purposes of:

_____

_____

_____

_____

_____

_____

_____

_____

_____

I have had the chance to discuss all of these issues, have had my questions answered, and believe I understand the treatment that is planned. Therefore, I agree to play an active role in this treatment as needed, and I give this therapist (or another professional, as he or she sees fit) permission to begin this treatment, as shown by my signature below.

_____ _____

Signature of parent/guardian Date

I, the therapist, have discussed the issues above with the child's parent or guardian. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the child's treatment.

_____ _____

Signature of therapist Date

❑ Copy accepted by parent/guardian ❑ Copy kept by therapist

FORM 14. Form for generic consent to treatment of a child.