



## CONSENT TO TREATMENT BY OTHER CAREGIVER

I, \_\_\_\_\_, hereby state that I am the lawful parent/guardian of the child listed below and there are no court orders now in effect that would prevent me from conferring the power to consent upon another person.

### Information of the Child(ren)

\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_  
 Name Date of Birth

\_\_\_\_\_  
 Name Date of Birth

I hereby grant and authorize \_\_\_\_\_, \_\_\_\_\_  
 Name Relationship to child

\_\_\_\_\_  
 Name Relationship to child

the authority to consent to the following:

\_\_\_\_\_ intake assessment \_\_\_\_\_ weekly sessions/treatment

\_\_\_\_\_ schedule future appointments \_\_\_\_\_ Participate in family sessions/parent consultations

\_\_\_\_\_ Other \_\_\_\_\_

This consent is effective for 1 year from today's date or upon my written notification to revoke consent.

\_\_\_\_\_  
 Signature of parent/guardian Print name

\_\_\_\_\_  
 CFGC Witness Date