David Sasso, MD, MPH
Christopher Oleskey, MD, MPH
Anastasia Okoniewski, APRN, DNP
Lisa Lochner, LCSW
Esther Duncan, LCSW

– Consent for treatment of a minor –

Re: _____
(patient name)

I am (we are) the sole legal guardian(s) for the patient listed above and, by signing below, do hereby grant to my (our) physician _____ my (our) medical permission and informed consent for the mental health evaluation and treatment for the patient listed above.

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Relationship to patient: _____

Date: _____

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Relationship to patient: _____

Date: _____

Clinician signature: _____

Date: _____