



Parental Consent for Mental Health Treatment of a Minor

Patient's Name: _____

Date of Birth: _____

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 psychiatric treatment, including psychotropic medication treatment, from the professional staff associated with or employed by Modern Psychiatry Center, PLLC.

The mental health provider responsible for the care has explained to me the proposed treatment plan, the general nature and extent of the risks involved in the treatment, and alternative treatment options, if any. However, treatment will not be delayed if any emergency exists. This consent will be valid until the minor reaches the age of 18 but can be revoked at any time by written notification.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____