

**Fresh Perspectives Counseling**  
2111 Dickson Drive, Suite 22  
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<http://www.fpcounseling.org>

## **CONSENT FOR TREATMENT OF A MINOR**

We/I, the undersigned \_\_\_\_\_, parent(s) and/or guardian(s) of a minor child \_\_\_\_\_, give you full and unconditional authority to proceed with a clinical evaluation and counseling treatment as your judgment indicates. This consent is given by me/us as parent(s) and/or guardian(s) of said child. We/I have legal power to consent to medical, psychological, and mental health assessment and treatment of said minor child. It is clearly understood that you are hereby fully released from any claims and demands that might arise, or be incident to the evaluation and/or treatment, provided that your duties are performed with standard care and responsibility to the best of your professional ability.

\_\_\_\_\_  
Mother or Custodial Guardian's Signature

\_\_\_\_\_  
Father or Custodial Guardian's Signature

\_\_\_\_\_  
Date