

Parental/Guardian Consent for Services Form

Client Name (Last, First, MI)	ID#
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I, _____, being the parent or legal guardian of _____, who is under the age of 16 and has applied for services from the _____, do hereby certify that these services are being provided with my full knowledge and consent. I also understand that to withdraw this consent, I must notify this agency in writing.

I understand that in any event this consent expires automatically as follows:

_____ (specification of the date, event or condition upon which this consent expires)

Client Signature	Date
Parent or Guardian Signature	Date
Witness Signature	Date

Revocation of Consent

Client Signature	Date Revoked
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