



4939 Lower Roswell Road □ Building C □ Suite 201 □ Marietta, Georgia 30068 □ (770) 578-1519

Consent for Treatment of Minor

I, _____, do hereby authorize that my child,
(print parent/legal guardian name)

_____, may receive mental health treatment
(print child's name)

provided by Parkaire Consultants, Inc. If the biological or legal adoptive parents are currently separated or divorced, both parents will be required to sign a Consent for Mental Health Treatment of Minor form before the child can be treated. If the above named parent asserts they have over-riding 'tie breaker' legal authority, a copy of the divorce agreement will need to be attached to this form before the child can be treated.

(print parent/legal guardian name)

(parent/legal guardian signature)

(date)