

**RELEASE FOR THE EVALUATION AND TREATMENT
OF A MINOR**

As a parent or legal guardian of _____
I authorize his/her evaluation and treatment. As a parent or legal
guardian, I have the right to request information concerning the
above minor's evaluation and treatment.

Signature

Date

Signature

Date

I relinquish the right to request information concerning my child's
evaluation and treatment, except for the exceptions regarding
abuse, or intent to injure self or others

Signature

Date

Signature

Date