Ptarmigan Connections
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Consent for Treatment

►Child's Information

1. Child's Name _____ Date of Birth _____

Home Mailing Address _____ Primary Phone Number _____

City, State, Zip _____

Special Information (Special medical conditions, sensitivities to medication, allergies): _____

The names written in this section are custodian(s) that are authorized to consent for all medical and/or any other clinical services (including, but not limited to, speech-language, psychiatric evaluations, medication management, counseling, medical services, neuropsychological evaluations, etc.) deemed medically necessary by a licensed staff member at this facility for the child named above, which may be required during my absence.

[_____] By initialing on this line, we agree that the custodians below shall also be authorized to consent for any agreed upon **medication management** by licensed staff at this facility.

[_____] By initialing on this line, we agree that the custodians below shall also be authorized to consent for any agreed upon **neuropsychological testing and evaluation** by licensed staff at this facility.

►Custodian's Information

Custodian's Name _____ Relationship to child _____ Phone Number _____

Custodian's Name _____ Relationship to child _____ Phone Number _____

We/I, (if sole legal guardian), the parent(s) and/or legal guardian(s) of the child named above, consent for all medical and/or any other clinical services (including, but not limited to, speech-language, psychiatric evaluations, medication management, counseling, medical services, neuropsychological evaluations, etc.) deemed medically necessary by a licensed staff member at this facility for the child named above.
Note: *Consents are not required in emergency situations.*
I agree to pay for all services provided to my child in my absence.
This authorization shall be effective until: ***One year*** *from the date beside my signature unless otherwise revoked.*

►Signatures

Type Name [Select One] _____ Relationship to child _____ Phone Number [Select] _____

Signed [Select One] _____ Date _____

Type Name [Select One] _____ Relationship to child _____ Phone Number [Select] _____

Signed [Select One] _____ Date _____