Warner Family Counseling
Kaylene Warner LCSW

Consent to Treatment for a Minor
Sign only if applicable.

You give consent to this provider to provide assessment and therapeutic services to your child. You understand that your therapist will work with your child to develop a treatment plan, and treatment will be formulated to resolve his/her problem(s) as quickly as possible. You agree to cooperate with my therapist in the treatment process to carry out therapeutic homework assignments and to follow through with any medical treatment, as prescribed by your physician. You further agree to keep your child's scheduled appointments and understand that failure to do so more than two times may result in his/her care being terminated. You will assume responsibility to notify your child's other parent that counseling has been initiated and will take sole responsibility in arranging for the payment for all counseling services for your child.

By signing below, you agree to payment and arrangements set forth, affirm that all my questions have been satisfactorily answered, and you give informed consent for your child's treatment.

Name of Child _____

Date of Birth

_____

Client Signature/Responsible Party Date