Consent for Treatment of Minors

I/We consent that  (DOB://) may be treated as a patient by Hope for Recovery.

We ask for your cooperation to provide the most timely treatment for you and your child.

I understand that I have the right to revoke this consent, in writing, at any time by sending notice to Hope for Recovery. I understand that a revocation is not valid to the extent that Hope for Recovery has acted in reliance on such authorization. (initial)

Client Signature:      Date: //

Witness Signature:       Date: //

Parent 1 Signature:       Date: //

 Relationship:

Parent 2 Signature:       Date://

 Relationship: