

CONSENT TO TREAT MINOR CHILDREN

I, _____, parent or legal guardian of _____, born

the ___ day of _____, 20___ do hereby consent to any Psychiatric evaluation and treatment at **Brandon Psychiatric Group**.

Unless revoked sooner, this authorization is effective from the ___ day of _____, 20 till the aforementioned child reaches the age of 18.

Signature of Parent or Legal Guardian

Date