

MINOR RELEASE FORM

***ALL PERSONS AGES 16-17 ARE REQUIRED
TO HAVE A PARENT OR GUARDIAN FILL OUT THIS FORM.***

By signing below, you agree that you are the parent or legal guardian of the minor receiving treatment(s) at our facility. You understand that you are required to remain at the facility for the entirety of the minor's treatment(s). You will also be required, if needed, to assist the minor in preparing for his/her treatment(s). You also agree that you understand that a verbal intake will be conducted by the therapist for the minor receiving treatment(s) and that said minor agrees to disclose any information that may affect the outcome of the treatment(s) being performed such as medical diagnoses, symptoms or medications.

PLEASE PRINT CLEARLY-

Name of Minor: _____ Gender: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Service Date: ____/____/____