



Raintree Village  
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[www.raintreevillage.org](http://www.raintreevillage.org)

## CONSENT OF GUARDIAN TO MENTAL HEALTH TREATMENT

As the legal custodian/guardian of \_\_\_\_\_, a minor whose birth date is \_\_\_\_\_, I am authorized to act on behalf of the individual minor in making health care decisions, and I hereby consent to the following mental health treatment (excluding inpatient psychiatric hospitalizations and psychotropic medications) for the individual minor:

- Therapy
- Psychological Assessment
- Psychological Evaluation
- Psychiatric Evaluation
- Counseling
- Medication Monitoring
- EEG's and EKG's
- Blood Level Check

It is understood that that such treatment will take place at:

\_\_\_\_\_  
(Name, Address, and Telephone Number)

The above consent is valid until \_\_\_\_\_ and is subject to the following special conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I retain the right to revoke this authorization with written notice to the above-named provider prior to the expiration date.

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_