



102 Old Solomons Island Road, Suite 202  
Annapolis, MD 21401-3879

## **PARENTAL CONSENT FOR TREATMENT**

I, \_\_\_\_\_, hereby authorize Bay Area Christian Counseling, Inc. to provide mental health counseling and/or treatment to \_\_\_\_\_, date of birth \_\_\_\_\_, a minor. This authorization is effective immediately and remains in force and effect unless and until I revoke it in writing.

In providing this authorization, I state the following:

\_\_\_\_\_ I am the natural or adoptive parent of the minor and there are no court orders in effect regarding legal custody or the ability of any person to authorize mental health counseling or treatment; or

\_\_\_\_\_ I am the entitled by Court order to authorize mental health counseling or treatment (a copy of that Order is attached) and I am not aware of any subsequent Court orders; or

I understand that Bay Area Christian Counseling, Inc. and its employees and agents have relied upon this Consent form in agreeing to render counseling and/or treatment to the minor and I will indemnify and hold them harmless in the event the statements above are not true or accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Person