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| **Consent Form for Treatment of a Minor** | | |
| This is an authorization for Melanie Kilo to provide treatment and/or diagnostic services to my child | | |
| (name) |  | Of (address) |
| By signing this *Consent for Treatment*, I certify that I legally have custody or joint custody of my child and thus can legally consent for treatment of my child. | | |
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| Name of Parent/Guardian |  | |
| Signature of Parent/Guardian |  | |
| Date |  | |

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| **Child Assent Form** | |
| I understand that my parent or guardian have agreed to my receiving treatment and / or diagnostic services provided by Melanie Kilo, however I have also been asked to give my agreement for my own treatment.  By signing below, I realize that Melanie Kilo has received my agreement to provide treatment. | |
| Child’s name |  |
| Birth date |  |
| Signature of Child |  |
| Signature of Witness |  |
| Date: |  |

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