



**PERMISSION TO PROVIDE SERVICES TO A MINOR WITHOUT THE PRESENCE
OF A PARENT/GUARDIAN**

AUTHORIZATION:

I (parent/legal guardian name) _____ of (minor's name) _____ DOB: _____ request and authorize TEAM and its personnel to deliver services to my child listed above as may be deemed necessary or advisable in the assessment of the minor child. I have the legal right to preauthorize TEAM and its personnel to deliver services to my child. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.

SPECIAL NOTE FOR MINORS: Protected Information related to a Minor's reproductive health (including contraception, pregnancy, STDs), Hepatitis B or chemical dependency, must not be disclosed without a Minor member's written Authorization – even to a parent or guardian.

LIMITATIONS:

Identify any specific limitations on the kinds of services for which this authorization is given. (If none, state "none"):

Phone # for Parents/Guardians – you must be available by phone at time of visit:

This consent shall be in effect for:

- Date: _____ (only)
- Indefinitely, until revoked by written notice

Parent or Legal Guardian (please print)

Relationship

Parent or Legal Guardian Signature

Date