

Texas Counseling Center

Steven L. Lackey, Ph.D., LPC-S, LCDC

“Lives in Balance”

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Beaumont, Texas 77701
409-434-4735, FAX 409-434-4741

CONSENT FOR TREATMENT OF A MINOR

We/I, the undersigned _____,
parent(s) and/or guardian(s) of a minor child _____, give
you full and unconditional authority to proceed with a clinical evaluation and treatment as
your judgment indicates. This consent is given by me/us as parent(s) and/or guardian(s)
of said child. We/I have legal power to consent to medical, psychological, and mental
health assessment and treatment of said minor child. It is clearly understood that you are
hereby fully released from any claims and demands that might arise, or be incident to the
evaluation and/or treatment, provided that your duties are performed with standard care
and responsibility to the best of your professional ability.

Signed this ____ day of _____, 20__

Mother or Guardian

Father or Guardian

The above explained to: (circle all that apply) Mother / Father / Guardian

By _____ on the ____ day of _____, 20__

Witness

Date