

**SAMARITAN CENTER, INC.**

**Consent for Bringing a Minor to the Appointment**

*Parent/Guardian Initial on Left and staff will initial on Right*

\_\_\_\_/\_\_\_\_ I give my permission for my child (client's name) \_\_\_\_\_  
(date of birth) \_\_\_\_/\_\_\_\_/\_\_\_\_\_ to be brought to treatment by (individuals name)  
\_\_\_\_\_. Individual's relationship to  
child \_\_\_\_\_. I understand that the individual bringing my child must  
be of 18 years of age or older. If appointment is for medication management I must be  
available at time of appointment to speak with the provider.

\_\_\_\_/\_\_\_\_ By initialing, I am giving permission for my **17 YEAR OLD SON/DAUGHTER/MINOR WHO  
IS IN MY CARE** (clients name) \_\_\_\_\_  
(date of birth)\_\_\_\_/\_\_\_\_/\_\_\_\_\_ to bring his/her self to the appointment. I understand that  
by giving my permission, I **MUST BE AVAILABLE** at the following contact numbers when the  
minor listed above is in session. I also understand that if my contact number changes, I **MUST  
UPDATE THIS CONTACT INFORMATION IMMEDIATELY.**

Parent/Guardian contact name: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Cell Home Work

Secondary phone number: \_\_\_\_\_ Cell Home Work

\_\_\_\_/\_\_\_\_ By initialing here, I understand that if my child is 16 years old or under, **I AS THE  
PARENT/GUARDIAN/RESPONSIBLE ADULT PRESENT, MUST REMAIN AT THIS  
CENTER UNTIL THE SESSION HAS CONCLUDED.**

\_\_\_\_/\_\_\_\_ By initialing here, I understand that ANY CHILD under the age of 12 years old **CANNOT BE  
LEFT UNATTENDED** in the waiting area.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_