



Affirmation of Parental Right to Seek Treatment for a Child

I _____ (your name) confirm that I am the parent or legal guardian of _____ (child's name), date of birth _____ and have the authority to request and consent to treatment for this child. In cases of divorce, I understand that I will need to provide a copy of our custody agreement, with the sections that grant me permission to seek treatment for my child highlighted.

Parent/Guardian Signature

Date