

Youth Pride, Inc.

GUARDIAN CONSENT FORM

As the legal custodian/guardian of _____, a minor whose date of birth is _____, I am authorized to act on their behalf in making health care decisions. I consent to their participation in and receipt of therapy and/or case management services at Youth Pride, Inc. (YPI).

I understand that these services will be provided by _____ at YPI offices. The fee for these services will be \$_____ per session. I understand this fee can be reduced and that free services are available.

I have the right to revoke this authorization at any time. This authorization is valid until services are terminated, or until ____ / ____ / ____.

Name (please print) Signature Date

Address

Home Phone Cell Phone Work Phone

Relationship to Youth

NOTE: CONSENT OF THE PARTICIPANT IS ALSO REQUIRED.

Youth Signature

Date