

## **Parent/Guardian Consent to Treatment of Minor**

I acknowledge that my son/daughter has presented for services at the Weber State University Counseling & Psychological Services Center. I understand that Utah state laws mandate the consent of a parent/guardian prior to the provision of services to minors. I have read the conditions for participation in counseling and give my consent for my son/daughter to be treated at the CPSC. I know that I may discuss the information above with a counselor if desired.

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Signature of minor

Please Print Name

Date

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Signature of parent/guardian

Please Print Name

Date

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Address

City, State

Zip

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Telephone (#)

(Work)

(Cell)