

## Consent for Treatment

I, \_\_\_\_\_, hereby give my consent for my minor child, \_\_\_\_\_, to be assessed and treated by Mary Haven Youth Center. I understand that treatment is to consist of a structured residential program as well as: individual therapy and family therapy. Treatment may include but is not limited to: behavior modification, drug and alcohol counseling, anger management, vocational guidance, relapse prevention, lifeskills counseling and art therapy. I understand that if I reveal any intent to harm myself or another person or disclose that someone has harmed me, that this information may be reported to the proper authorities.

_____ Parent/Guardian	_____ Date	_____ Witness
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I understand that as part of family therapy, each child's family is required to attend a minimum of 10 family sessions during the child's stay at Mary Haven. To meet this goal, parents may attend a weekly parents group, family therapy with the child's therapist or a combination of both. Parents are encouraged to attend as many family sessions as possible.

The following family members hereby consent to family therapy at Mary Haven Youth Center:

_____ Mother	_____ Date	_____ Witness
_____ Father	_____ Date	_____ Witness
_____ Stepmother	_____ Date	_____ Witness
_____ Stepfather	_____ Date	_____ Witness
_____ Other	_____ Date	_____ Witness

Siblings may also be included in family therapy on occasion. I hereby consent to have my other minor children treated in family therapy as follows:

_____ Name	_____ Name	_____ Name	_____ Name
_____ Parent/Guardian	_____ Date	_____ Date	_____ Date