



CONSENT FOR TREATMENT: COUNSELING

This form will provide consent for Focus on Youth, Inc. to provide counseling services on an as-needed basis, and as space and capacity allows, on-site at EDGE Teen Center for:

Full Name of Participant:			
DOB:		Gender Identity:	
Address of Participant			

- I understand that this service is being funded by grants and other funding sources, which means insurance or other fees will not be collected.
- I understand this counseling does not replace the need for more intensive treatment and does not include a formal psychiatric or diagnostic evaluation.
- I understand that licensed clinicians are mandated reporters, which means any suspicion of abuse or neglect is required to be reported to the appropriate authorities. Additionally, if concerns are reported during the program, relevant EDGE staff will be informed.
- I understand that if my child presents with risk of harm to self or others that reasonable steps will be made to contact the caregiver(s) listed on this form. Additionally, if concerns are reported during the program, relevant EDGE staff will be informed.

Caregiver Contact Information

Name of Caregiver:			Relationship to Participant:	
Phone #:		Alternative Phone #:		
Address of Caregiver	<input type="checkbox"/> same as above			

Name of Caregiver:			Relationship to Participant:	
Phone #:		Alternative Phone #:		
Address of Caregiver:	<input type="checkbox"/> same as above			

I have read and understand the above information. I consent for my child to participate in counseling provided on an as-needed basis, and as space and capacity allows, on-site at EDGE Teen Center.

Printed name of Legal Guardian

Signature of Legal Guardian

Date

Printed name of Legal Guardian

Signature of Legal Guardian

Date

