

Consent to Treatment of a Minor

Minor's Name Printed: _____

Minor's Date of Birth: _____

Name of Parent/Legal Guardian (Printed): _____

Status of Signer:

- Parent with legal right to consent to treatment
- Divorced parent with legal custody per court order
- Non-custodial divorced parent with right to consent to treatment per court order
- Legal guardian (must provide proof of Guardianship)

I have the legal right to consent to treatment of the above-named minor as described above. I hereby authorize the USPS EAP to provide counseling to the above-named minor.

Signature of Parent/Legal Guardian: _____

Witness*: _____

Date: _____