

INNOVATIVE COUNSELING SERVICES

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MEDICAL TREATMENT AUTHORIZATION AND CONSENT FORM

The following form is designed for those situations where minors are unaccompanied by either parents or legal guardians. This “Medical/Psychological Treatment Authorization and Consent Form” gives authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care can not be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

Minor’s Full Name

Minor’s Address

City, State, Zip Code Minor’s Age

The undersigned do hereby authorize Innovative Counseling Services, Inc. or such substitute as he/she may designate as agent for the Undersigned to consent to for psychological evaluation and/or assessment and testing for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any therapist, licensed under the Pennsylvania Board of Psychology or of Licensed Professional Counselor through Innovative Counseling Services, Inc.

Parent or Guardian Signature

Parent or Guardian (please print)

Address Parent or Guardian Home

Work Phones of Parent or Guardian

Date