



1420 N. State Street
Fairmont, MN 56031
Phone: (507) 235-6070
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Consent for Treatment of a Minor

I, _____, the parent/legal guardian of the minor,
_____, give my permission for this minor to
receive treatment, which may include individual therapy, family therapy and assessments/testing, from
Eunoia Family Resource Center.

I am the legal custodian of this minor, and there are no court orders in effect that would prohibit me
from consenting to the treatment of this minor. If at any point, my status as parent/legal guardian
changes, I will provide Eunoia Family Resource Center with appropriate documentation.

If I wish to revoke this consent, I will provide appropriate notice to Eunoia Family Resource Center.

My signature below means that I understand and agree with all of the points above.

Signature of Parent/Guardian

Date

Witness

Date