BRANDON SCHOOL-BASED
HEALTH SERVICES
BARBOUR COMMUNITY HEALTH

Philip Barbour High School
99 Horseshoe Drive | Philippi, WV 26416
Phone: 304-457-4000 Fax: 304-457-5532
www.barbourhealth.org

CONSENT FOR TREATMENT OF A CHILD

Please check the appropriate location in which the child will receive services:

Phillip Barbour High School: ____

Philippi Elementary School: ____

Philippi Middle School: ____

Junior Elementary School: ____

Belington Elementary School: ____

Belington Middle School: ____

Kasson Elementary School: ____

Name of child client: ________________________________ **Date of Birth:** ______/______/_________

I _________________________________ (mother/father/legal guardian) give permission for the above named child to receive, group, individual and/or family therapy and/or testing/assessment by a therapist/psychologist at Barbour Community Health Association. I have been informed that I may participate in these sessions as deemed appropriate, that I may provide input to the same at any time and that it is my duty to initiate participation in treatment.

These actions and methods are for the purposes of: *Emotional, family, and behavioral concerns/needs.*

By signing, I am confirming that I received a copy of my rights, cancellation policy, and the confidentiality limitations. I understand the meanings and ramifications of these documents and provide consent for treatment.

I also understand that it is my responsibility to make sure my insurance plan covers behavioral health services.

____ ______/_______/__________

Signature of Parent/Guardian **Date**

____ ______/_______/__________

Signature of Therapist/Psychologist **Date**