



Authorization to Provide Treatment to a Minor

Orchard Human Service, Inc. is a 501(c)3 nonprofit that provides direct services to children, adults, and families. Some of the services we provide include:

1. Educational, Behavioral, Developmental Intervention
2. Life Coaching Services and Support
3. Clinical Mental Health Counseling
4. Psychotherapy or Psychological Talk Therapy
5. Educational Therapy [non-clinical]
6. Non-Clinical Psychological Intervention and Consultation
7. Educational Intervention and Advocacy Services
8. IEP, EIP, Section 504 Advocacy and Consultation Services

I have legal custody of the minor _____ whose Date of Birth is _____ and with my signature below, I authorize the staff of Orchard Human Services, Inc. to provide counseling, psychotherapy, and intervention services to my child. I understand that the following individuals* will be bringing my child to receive services and these individuals are authorized to be involved in the treatment and intervention plan, and have access to those records not protected by client confidentiality.

Individuals who will bring child to counseling/therapy/intervention appointments:

*Printed Name and Relationship to Minor	*Printed Name and Relationship to Minor

Signed by authorized parent/guardian/custodian who grants permission to care for minor child:

Individual or Legal Representative (please print)	Relationship to Minor	Date

Signature of Individual or Legal Representative	Date

Please provide a copy of the Signor's driver's license and a copy of the parenting plan and custody court orders

Copy of Driver's License Goes Here