



Consent for Counseling, Evaluation and Treatment of a Minor

As the parent or legal guardian of the minor child:

Name: _____ Date of birth: _____

I authorize his/her counseling, evaluation and/or treatment by Arkansas Baptist Children's Homes.

Submission to treatment:

I have read and understand the above information and submit my minor child to receive counseling, evaluation and/or treatment from Arkansas Baptist Children's Homes.

Signature of Parent/Legal Guardian: _____

Date: _____

Witness: _____