

State of North Carolina

County of \_\_\_\_\_

**Consent of Parent(s)/Guardian(s) for Psychological Services**

(I) (we) hereby consent to psychological services for

\_\_\_\_\_, born \_\_\_\_\_ 19 \_\_\_\_\_,  
(name of client)

residing at \_\_\_\_\_,

by \_\_\_\_\_ who is  
(name of psychological services provider)

under contract with the \_\_\_\_\_ County Department of Social Services. (I) (we) understand that these psychological services may include psychiatric or educational tests and interviews but will not include medical procedures

(I) (we) understand that psychological services reports will be submitted to the \_\_\_\_\_ County Department of Social Services. This consent shall be valid for twelve months, unless (I) (we) revoke it sooner than that.

\_\_\_\_\_  
(name and relationship)

\_\_\_\_\_  
(name and relationship)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\*Witness: \_\_\_\_\_

\*Witness: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Date: \_\_\_\_\_

\*Witness required if signed with an "X"

**Distribution:**

Original to Provider

Copy to Parent(s) or Guardian(s) Who Sign Form

Copy for Department of Social Services' Client Record