

## Consent to Treat Minor Patients

Massachusetts law requires the consent of a parent/guardian for medical or mental health care of persons under 18 years of age. If your dependent is a student at the University of Massachusetts Amherst, or attending a program at the University of Massachusetts Amherst, the information below must be completed before treatment can be provided. During treatment, we welcome your ongoing participation in treatment decisions.

I, \_\_\_\_\_ am the parent/guardian of  
*(please print)*  
\_\_\_\_\_, date of birth \_\_\_\_\_,  
*(please print)*

who is currently a minor.

I authorize the Center for Counseling and Psychological Health, University of Massachusetts Amherst, to provide mental health care to my dependent, including but not limited to, diagnostic assessment, mental health counseling and treatment with medications.

I understand that if an injury/illness is determined to be life-threatening, that an ambulance will be called to take my dependent to a hospital and that the provider will make every effort to contact me.

I further understand that once my dependent reaches the age of maturity, my consent for treatment is no longer required.

By my signature, I acknowledge that I have read and understand this consent, and that any questions I have prior to signing this can be answered by calling the Center for Counseling and Psychological Health at 413-545-2337.

\_\_\_\_\_  
*(parent/guardian signature)* Date: \_\_\_\_\_

### Parent/guardian emergency contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(day)* *(evening)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(day)* *(evening)*