



100 Campus Drive, Suite 101  
Morganville, NJ 07751  
732-617-6210

[www.britefuturescounseling.com](http://www.britefuturescounseling.com)

### *Consent for Mental Health Treatment of Minors*

I, \_\_\_\_\_, do hereby authorize that my child,  
(parent/legal guardian name)

\_\_\_\_\_, may receive mental health treatment  
(child's name)

provided under the establishment of Brite Futures Counseling, LLC. I am aware that all custodial parents and legal guardians must give consent before treatment begins. If the biological or legally adopted parents are currently separated or divorced, both parents would be required to sign a Consent for Mental Health Treatment Form before the child can be treated. If one of the parent's has full legal custody, a copy of the divorce agreement would need to be faxed to 732-617-6211 prior to beginning treatment for your child.

Print Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_