

THE WELLNESS INSTITUTE OF MICHIGAN

AUTHORIZATION TO TREAT FOR MINORS WITH PARENTS
WHO ARE NOT MARRIED

Today's Date: _____

Name of Minor Child: _____

Current Address of Minor Child: _____

I, _____, mother of minor child, agree to allow my
(print name)
child to be treated and receive counseling at the Wellness Institute of Michigan.

I, _____, father of minor child, agree to allow my
(print name)
child to be treated and receive counseling at the Wellness Institute of Michigan.

Each parent understands that this form indicates that they have the authority as indicated in their custody orders to sign this form and authorize care for the minor child.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____