

**PARENTAL CONSENT FOR THE MENTAL HEALTH TREATMENT OF A MINOR STUDENT**

Outpatient mental health treatment should include the minor's parent or guardian unless, in the professional's opinion, involvement would be inappropriate. The law describes circumstances under which minors may legally consent to treatment without consent of their parent or guardian.

Pursuant **Family Code section 6924**, a minor who is 12 years of age or older and mature enough to participate intelligently may consent to mental health treatment or counseling in outpatient services.

Therefore, unless these or other lawful circumstances apply, mental health treatment of a minor student must include the minor's parent or guardian's consent.

**IN CALIFORNIA, MINORS ARE INDIVIDUALS UNDER 18 YEARS OF AGE**

If your minor dependent is an enrolled student at Evergreen Valley College, you are to complete and return this consent form to Evergreen Valley College Student Health and Wellness Services.

Student's Name (Print) \_\_\_\_\_

Student's I.D. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please Sign

I hereby authorize Evergreen Valley College Student Health and Wellness Services to provide my minor dependent any mental health treatment or counseling that is deemed advisable, and is to be provided by any mental health provider of Evergreen Valley College Student Health and Wellness Services or any outside mental health providers or facilities needed. This authorization is given in advance of any specific diagnosis or treatment that may be required.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Signature of Student (Assent)

\_\_\_\_\_  
Date