



**Washington University in Saint Louis
Center for Counseling and Psychological Services
Parental Consent Form**

I, _____, as legal custodial parent/legal guardian of

_____, do hereby give my consent for

(student's name)

Washington University's Center for Counseling and Psychological Services (CCPS) to provide treatment to my child. Treatment may consist of assessment, psychological testing, individual and/or group counseling, medications, collaboration with other Washington University organizations, referral to a therapist for open-ended treatment off campus, or referral to a hospital emergency room.

I understand that, as long as my child is not allowed under state law to consent to treatment him/herself, I may discuss my child's status and any recommendations which Washington University may have. I further understand that my signature does not imply authorization to release information and that I have the right to revoke this consent at any time.

Parent/ Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Please fax to CCPS Coordinator at 314-696-1214 or email MHSCoordinator@wustl.edu

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