

CERP Mobile Physical and Sexual Abuse Trauma Treatment Program

CONSENT TO TREATMENT FOR MINOR

I do hereby consent to admission to CERP and I agree to cooperate with required assessment, treatment / therapeutic intervention and recommended aftercare.

PARTICIPANT'S NAME: _____
Please Print

Participant's Signature: _____

PARENT/GUARDIAN NAME: _____
Please Print

Parent / Guardian Signature: _____

WITNESS NAME: _____
Please Print

Witness Signature: _____