



Youth Consultation Service, Inc.  
1.6.1.1 Permission to Provide Treatment (YCS)

Submit Approval To:

YCS Location:

Event: 1.6.1.1 Permission to Provide Treatment (YCS)

Date Form Completed:

Staff:

**1\_6\_1\_1:**

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**Consent:**

I, the parent or guardian of the above identified client understand and consent to treatment based on the YCS treatment plan. I understand that the treatment plan includes some combination of individual, group, family, and milieu psychotherapy, behavior management, psychological or psychiatric evaluation, and recreational activities based on the individual clients needs. I further understand that the treatment plan is developed and reviewed periodically, as legally required, by the clients treatment team, which includes the client and parent or guardian.

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**Scanned Documents**

Scanned Document: No document attached

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**Signatures**

Client Print Name:

Client Signature:

Parent/Guardian Print Name:

Relationship to Client:

Parent/Guardian Signature:

YCS Clinician Print Name:

YCS Clinician Signature:

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**Tasks/Schedules**

Next Event Due:

***Next Scheduled Event***

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**Event:**

<u>Last Name</u>	<u>First Name</u>	<u>Event</u>	<u>Due Date/Time</u>	<u>Scheduled Date/Time</u>	<u>Staff</u>
Not on File...					