

BOCA RATON PSYCHIATRIC GROUP

MINOR CHILD CONSENT FOR PSYCHIATRIC TREATMENT

In connection with the medical services I/we am/are receiving from BOCA RATION PSYCHIATRIC GROUP and its medical staff, I/we, in accordance with Florida Statute 1014.06, hereby consent to BOCA RATION PSYCHIATRIC GROUP, Roger Z. Samuel, M.D., and their respective agents to provide or arrange to provide health care services (including psychotherapy) or prescribe medicinal drugs to the below-named minor child.

Name of patient/child:

DOB of patient/child:

Name of legal guardian:

Signature of Legal Guardian:

Relationship to patient/child:

Witness:

Date Signed: