

**BOCA RATON PSYCHIATRIC GROUP, P.A.**

I, \_\_\_\_\_, am the legal guardian of  
\_\_\_\_\_ and give consent to the **Boca Raton  
Psychiatric Group** to evaluate and treat \_\_\_\_\_.

I also give \_\_\_\_\_, permission to make decisions  
regarding treatment in my behalf.

X \_\_\_\_\_ Date \_\_\_\_\_