

**\*This form is to be completed only if parents are separated or divorced.**  
This form must be completed prior to your child accessing services at Kids Clinic



**Kids Clinic**  
***Parental Custody Agreement***

Thank you for accessing services at Kids Clinic. Please be aware that all children under the age of 16 require parental/guardian consent to access services. **In situations in which parents are separated or divorced and there is joint custody (even if the child lives only with one parent), both parents must provide signed consent before a child can access services.** Children over the age of 16 (who are believed to be capable of understanding the details of informed consent) are able to sign their own consent for services.

**In Circumstances of Sole Custody:**

I, \_\_\_\_\_ being the sole custodial parent of  
*Parent Name*

\_\_\_\_\_, D.O.B.: \_\_\_\_\_  
*Child Name*

hereby consent to assessment or support services for this child, at Kids Clinic.

**In Circumstances of Joint Custody:**

I, \_\_\_\_\_ and \_\_\_\_\_  
*Parent Name* *Parent Name*

being Joint Custodial parents of \_\_\_\_\_,  
*Child Name*

D.O.B.: \_\_\_\_\_ hereby consent to assessment or treatment services for this child, at Kids Clinic.

This custodial arrangement is:

- Permanent disposition
- Interim disposition until \_\_\_\_\_  
*Date*

It is my/our understanding that any services accessed at Kids Clinic are intended to support my/our child's overall well-being. The purpose of services is to benefit the child involved and not to collect or gather information for court purposes.

_____	_____	_____	_____
Parent Name	Signature	Phone Number	Date
_____	_____	_____	_____
Parent Name	Signature	Phone Number	Date
_____	_____	_____	_____
Witness name	Witness signature		Date