

COASTAL MENTAL HEALTH CENTER

Orange City

300 Treemont Dr
Orange City FL 32763

Daytona

1673 Mason Ave, Ste 204
Daytona Beach FL 32117

Palm Coast

31 Lupi Court St 210
Palm Coast FL 32137

Orlando

1320 N. Semoran Blvd 107
Orlando FL 32807

Kissimmee

829 E. Oak St. Ste C
Kissimmee FL 34744

Palm Bay

5200 Babcock St NE Ste 105
Palm Bay FL 32905

Cocoa

840 N. Cocoa Blvd, St. E
Cocoa FL 32922

Leesburg

120 East North Blvd
Leesburg FL 34748

Sanford

520 W. Lake Mary Blvd Ste 214
Sanford FL 32773

Mental Health Treatment Authorization Form

Minor Child:

Full Legal Name: _____

Home Address: _____

Date of Birth: _____

Information for Mental Health Treatment

Physician's Name and Location of Practice: _____

Medical Insurer/Health Plan: _____ Policy# _____

Note any other significant medical information:

Authorization and Consent of Parent(s) or Legal Guardian(s)

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for _____

(Hereafter "Supervising Adult") to take my child/have my child seen at/to **Coastal Mental Health Center** for his/her appointments.

(Please note if there is any change in medication parent/legal guardian/case worker must be present)

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on the _____ day of (month) _____, 20_____ and expiring on

_____. **(Please note form is valid for 1 year and must be renewed yearly)**

Parent/Legal Guardian #1 Signature

Parent/Legal Guardian #2 Signature

Certificate of Acknowledgement of Notary Public

State of _____

County of _____

This document was acknowledged before me on _____ day of _____ 20_____

[Notary Seal]

Signature of Notarial Officer _____

Notary Public for the State of _____

My commission expires: _____