



Guardian Consent Form

Childs Name: _____

Childs Date of Birth: _____

Childs Alberta Healthcare Number: _____

All legal guardians must provide consent. Legal guardians could choose to attend appointments separately.

If no legal documents are available, then both parents need to consent to their child being seen and treated at Elm Tree Clinic.

I (named below), give my consent for my child (named above), to attend appointments at Elm Tree Clinic for early childhood psychiatry assessment and treatment.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Relationship to child

Date

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Relationship to child

Date

Have all Legal Guardians consented to medical care at Elm Tree Clinic? Yes No