



**PARENTAL CONSENT FOR THE TREATMENT OF A MINOR**

Case Number: \_\_\_\_\_

I, \_\_\_\_\_, mother/father/foster parent  
of (Print Parent, Guardian or Legal Representative)

\_\_\_\_\_, give my consent for \_\_\_\_\_  
(Print Minor's Name) (Print Minor's Name)

to receive assessment, counseling and other services as needed at

Northeast Youth & Family Services.

\_\_\_\_\_  
(Signature of Parent, Guardian or Legal Representative)

\_\_\_\_\_  
(Date)

Northeast Youth and Family Services - Shoreview  
3490 Lexington Avenue - North  
Shoreview MN 55126  
Phone: 651-486-3808 FAX: 651-486-3858

Northeast Youth and Family Services - White Bear Lake  
1280 North Birch Lake Boulevard  
White Bear Lake MN 55110  
www.nyfs.org Phone: 651-429-8544 FAX: 651-407-5301