



Sunburst Mental Health Parent/Guardian Attestation

Minor Child Receiving Services: _____

I (the parent/guardian) of minor child _____ hereby attest that the following statements are true.

- I _____ have the necessary legal rights in order to make medical/mental health decisions in the best interest and on behalf of above named minor child.
- I agree I have obtained consent from child's other biological parent (if living) and/or legal guardian for above minor child to receive mental health therapy and /or psychiatric care.
- I understand that by enrolling above minor child into services, I may be asked permission via a release of information to allow contact between the treatment plan and other custodial parents or legal guardians (as deemed appropriate).
- **I hereby agree that all information provided to Sunburst Mental Community Service foundation regarding my legal status as a guardian, custodial parent or other responsible party, parenting plans, or custodial arrangements are true. I also agree to provide updated information to Sunburst upon any future changes to these arrangements.**

Parent/Guardian Printed Name: _____

Relationship to minor child: _____

Signature: _____ *Date:* _____

Sunburst Employee Signature/ Witness (printed) _____

Signature _____ *Date:* _____