

**CONSENT FOR INPATIENT  
REHABILITATION ADDICTION TREATMENT  
FOR A PERSON UNDER AGE 18**

PATIENT'S LAST NAME	FIRST	M.I.
CASE NO.		
FACILITY	UNIT	

**INSTRUCTIONS:** Prepare one (1) copy for the Patient's Case Record.

I, the undersigned, hereby consent to the treatment of the above identified patient at the above named facility. I understand that he/she will be housed in the open unit, treated along with adult patients and subject to the rules of the facility. I understand that he/she has the right to discharge himself/herself from the above named facility at any time. I further understand that he/she may be granted passes to leave the facility, and may be discharged by the facility director based on the clinical judgement of the staff.

\_\_\_\_\_  
(Signature of Parent/Guardian, when required)

\_\_\_\_\_  
(Print Name of Parent/Guardian)

\_\_\_\_\_  
(Relationship to Patient)

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