



**OAKVIEW JUVENILE RESIDENTIAL CENTER  
CONSENT FOR TREATMENT**

I, \_\_\_\_\_, the parent/guardian/committing authority of \_\_\_\_\_ grant permission to Oakview Juvenile Residential Center and it's employees to arrange and provide necessary care (mental health, physical health, and education) that is in the best interest of my child. Oakview also has permission to have any testing or evaluations performed pertaining to the health, education, or welfare of the named youth.

Additionally, this authorization includes consent for emergency examinations, surgery, hospitalization, and the administration of prescription and over-the-counter medication deemed necessary and rendered under the general supervision of a licensed health care professional.

I understand that all reasonable efforts will be made to contact me before any hospitalization, surgery, or emergency services are rendered.

This consent for treatment shall remain in effect for the duration of youth's placement at Oakview.

This form does not make Oakview or its' employees liable for payment of any fees or obligations arising from the treatment of the aforementioned youth.

\_\_\_\_\_  
Parent/Guardian/Committing Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Oakview Witness Signature

\_\_\_\_\_  
Date

