

## Behavioral Health Pathway Referral Consent Form

If the person being referred is **under the age of 18**, please complete the form below.

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I, \_\_\_\_\_ the parent or legal guardian of *[Name of Child]* \_\_\_\_\_,

give consent to *[Provider / Caregiver Name]* \_\_\_\_\_

to **refer** *[Name of Child]* \_\_\_\_\_

to *[Agency Name]* \_\_\_\_\_ .

I agree to sign all relevant paperwork and participate, as much as possible, in the treatment of

*[Name of Child]* \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Provider / Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Referral Source

\_\_\_\_\_  
Date