

Consent to Treat Minor  
University of Nebraska at Omaha  
Counseling Services Office

Client/Patient Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
(Last, First, Middle)

The Counseling Services Office at the University of Nebraska at Omaha provides short term counseling for currently registered students.

As the parent or legal guardian with the authority to consent on behalf of the minor student listed above. I hereby give my consent for the minor for counseling at the Counseling Services Office at the University of Nebraska at Omaha. This consent will be valid until the minor reaches the age of 19.

Informed Consent: Should the minor have a mental health emergency that requires more than routine treatment, the Counseling Services Office will contact me. Treatment will not be delayed if an emergency exists.

\_\_\_\_\_  
Signature of parent/guardian                      Date                      Witness                      Date