



Human Services

CONSENT FOR TREATMENT / SERVICES

Date: _____

Name: _____

MR#: _____

I, _____, (client/parent/legally responsible person) give my consent for Wake County Human Services to provide assessment, treatment and/or other services for the above named client. I reserve the right to withdraw consent at any time from this assessment. In addition, I reserve the right to refuse, at any time, any services offered.

In a medical or health emergency, I authorize Wake County Human services to contact:

Name and Relationship	Telephone #	Address

If the above person cannot be reached, Wake County Human Services reserve the right to take the above client to the nearest hospital emergency room by ambulance if necessary. I will not hold Wake County accountable for the expenses.

SIGNED _____ Client Parent Other legally Responsible Person

WITNESS: _____

DATE: _____