

Colorado State University
Center for Family and Couple Therapy
Statement of Parental Responsibilities (Decision-Making)



I, _____, hereby state that I have _____
(i.e., joint, sole), parental responsibilities in the form of major decision making authority concerning mental health treatment
for the following children:

_____	_____
Name	D. O. B.
_____	_____
Name	D. O. B.
_____	_____
Name	D. O. B.
_____	_____
Name	D. O. B.
_____	_____
Name	D. O. B.
_____	_____
Name	D. O. B.

Furthermore, I hereby consent to the provision of family therapy services to children by the **Colorado State University Center for Family and Couple Therapy**.

Dated this _____ day of _____ 20_____.

Legal Guardian/Custodial Parent

Witness

- NOTE:**
1. If child's parents are married to one another, then only one parent signature is needed.
 2. If divorced with joint parental responsibilities, use one form for each parent.
 3. If divorced with sole parental responsibilities, only one signature is required