



Form E

BEHAVIORAL HEALTH CONSENT

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| Last Name of Youth: | First Name of Youth: |
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As a parent/guardian of a youth residing at George Junior Republic in Pennsylvania (GJR in PA), I understand the following:

- If my child is under the age of 14 years, he will be provided behavioral health services on an ongoing basis as outlined in the individual treatment plan. Behavioral health services may include individual, group, and/or family therapy as well as psychological or psychiatric interventions provided by appropriate levels of mental health care professionals.
- If my child is under the age of 14 years, my child will not be provided behavioral health medications without my consent.
- I have the right to refuse behavioral health services at any time by notifying GJR in PA, in writing or verbally.
- GJR in PA may terminate behavioral health services by notifying me (the parent/guardian) or my child verbally or in writing of the reasons for termination. Should GJR in PA terminate behavioral health services, GJR in PA will refer me and/or my child for alternate treatment services as requested or required.
- If emergency psychiatric care is needed, consent is not required.
- A separate release is required by GJR in PA to provide medication to youth under the age of 14 years.

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| <i>Parent/Guardian Printed Name</i> | <i>Parent/Guardian Signature (if youth is under the age of 14 years)</i> | <i>Date</i> |
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This section is for VERBAL CONSENTS ONLY: Verbal consent requires **TWO** witness signatures.

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| <i>Witness 1: GJR Representative Printed Name</i> | <i>Witness 1: GJR Representative Signature</i> | <i>Date</i> |
| <i>Witness 2: Placing Agency or GJR Representative Printed Name</i> | <i>Witness 2: Placing Agency or GJR Representative Signature</i> | <i>Date</i> |