

AUTHORIZATION FOR EVALUATION AND TREATMENT

Client's Name: _____ **D.O.B.** _____

1. I have received a copy of the Tennyson Center's **RIGHTS OF CHILDREN POLICY**.
2. I have received a copy of the Tennyson Center's **CENTRALIZED ADMISSIONS POLICY**.
3. I hereby authorize Tennyson Center for Children to utilize the following testing/service methods for assessment, evaluation, treatment and data collection, analysis and post discharge follow-up studies and surveys.

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| <ul style="list-style-type: none"> - Health Examination/Screening - Classroom Observation - Psychological Testing - Child and Adolescent Needs and Strengths (CANS Assessment) | <ul style="list-style-type: none"> - Child/Family Psychosocial Assessment - Psychiatric Evaluation - Therapy services to include individual, family, group and crisis intervention |
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I understand that my input will be used during the process of testing and/or developing a treatment plan for my child, and I grant permission to develop such a plan.

This **Authorization for Evaluation and Treatment** shall remain effective during any time the child is receiving services from Tennyson Center for Children. This Authorization may be revoked at any time by providing written notice to the Agency's Chief Program Officer.

Parent/Guardian	Relationship to Child	Date
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Parent/Guardian	Relationship to Child	Date
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Client	Date	Witness	Date
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Caseworker	Date
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