

**Riverside County Department of Mental Health
Consent for Therapeutic Behavioral Services
(Revised 6/14/01)**

I, the parent/legal guardian of _____ D.O.B. _____
do agree that Therapeutic Behavioral services (TBS) are needed for my child on a short-term basis to address behaviors/symptoms which put him/her at risk of placement or hospitalization. I understand that I must work closely with the clinician for my child and the TBS provider to make a plan for these services to be delivered to my child. At any time, I can request a change in the service or termination of the service through a discussion with my clinician and TBS provider.

I hereby give permission for the above mentioned minor to go on outings with _____ (TBS Coach), and I also authorize any emergency treatment by proper medical authorities for any accident or illness while in the care of the above mentioned TBS Coach. I also give permission for this form to be photocopied.

Parent/Care Provider's Name (please print) _____

Relationship _____

Address/City _____

Day Phone: _____ Evening Phone: _____

Family Doctor's Name _____

Address/City _____ Phone _____

Medical Insurance: _____ Member Number: _____ Expiration Date: _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY, IF PARENT/ CARE PROVIDER NOT AT HOME

Name _____ Relationship _____ Phone _____

Address/City _____

Name _____ Relationship _____ Phone _____

Address/City _____

Signature of Parent or Guardian _____ *Date* _____

Relationship to child: _____

Copy to: Parent(s) Clinician TBS Worker TBS Supervisor

A COPY OF THIS FORM IS AS GOOD AS THE ORIGINAL